Clinical Lectures
ON
CASES OF DIFFICULT DIAGNOSIS.

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LECTURE VII.
ON GASTRIC AND PERIGASTRIC ABSCESSES.

(*Concluded from page 112.*)

LET us now inquire into the state of health of the subjects of perigastric abscess previous to their final attack of illness. I have been able to collect the history of twenty-four cases as regards this point, and only two of the whole number are said to have previously enjoyed good health. But when the details of the post-mortem examinations of these cases are examined, it is evident that their histories must in this particular have been inaccurate; for in one the perforating ulcer is described as having "round and smooth edges," characters that would only be afforded by an ulcer of some duration; and in the other a cicatrix is described as existing opposite the perforation. With respect to the remaining twenty-two, the great length of time during which the symptoms of gastric ulcer had been experienced is very striking; thus, only two had complained of them for less than one year, eleven had been ill from one to four years, four for periods varying from eight to thirty years, and of five it is recorded "they had suffered for many years." In every case pain of the epigastrium or abdomen had been the chief subject of complaint, and in most there were also signs of dyspepsia; in seven vomiting was a prominent symptom, but in only two is there any mention of hæmatemesis. The absence of hæmorrhage is important, as confirming what we know from the histories of the cases, that the ulcers are usually of long duration; for this symptom is the result of an extension of the disease, and is rarely an accompaniment of an old indolent sore. The symptoms of course varied according to the part of the stomach which was the seat of the sore. For example, in the following rare case, which was admitted into the hospital under the care of Dr. Langdon Down, the ulceration had produced a narrowing of the lower end of the œsophagus, and the symptoms were those of stricture of this part.

CASE 6.—A female, aged forty-two, had been ill for nine months. At first she suffered from difficulty in swallowing, which gradually increased, and for the last two months she has been unable to take any animal food. "When she attempts to eat it retching comes on, but she has no pain except when eating." She was very weak and feeble, and had been losing flesh. Respiration much prolonged at each apex.

Post-mortem examination.—"The peritoneum was covered with recent lymph, and tubercles were scattered over the intestines and mesentery. The stomach was adherent to the left lobe of the liver, and when the adhesions were separated there was thick greenish matter like inspissated pus. The pyloric end of the stomach was not thickened, but there was an ulcer at the œsophageal end the size of a crown-piece, with indurated edges; the œsophageal end was pushed aside, indurated, and bounded by thick tough tissue, and the solid fibrous tissue which surrounded the œsophagus extended for one inch upwards. The upper fourth of the lungs was fibroid, and there were cavities the size of walnuts in them."

As both the lungs and the neighbourhood of the gastric ulcer in the above case were the seat of fibroid thickenings, it is probable that there was some common cause capable of producing it. There was no history of syphilis, but considering how often both the stomach and the lungs are affected by this disease, it is possible that it may have been the cause of the mischief in both. Ordinary tubercular affections are not a common accompaniment of perigastric abscess, for I have only been able to collect five cases in which they coexisted.

The final illness of which the patients affected with perigastric abscess died was usually ushered in by severe symptoms, and was of short duration. In seven out of twenty-three cases in which details are afforded, sudden collapse occurred, accompanied or followed, as soon as the collapse passed off, by pain of the abdomen or of the epigastrium, along with tenderness on pressure, distension, and other symptoms of peritonitis. In eleven there was no collapse, but the pain in the epigastrium is recorded as having suddenly become more severe. Rigors are mentioned only in three instances; in one as associated with collapse, and in the others as accompanying severe epigastric pain. Of the five cases in which the formation of the abscess was not ushered in by collapse or increased epigastric pain, one was suffering from phthisis and one from cancer, affording an example of what we have in a former lecture had to point out to you, that abdominal abscesses may occur in persons who are in a very feeble state of health, without any well-marked symptoms. The third case was admitted into hospital with symptoms of pneumothorax, arising from perforation of the diaphragm by the abscess; and you can easily understand how in such a condition the patient may have been unable to afford any distinct history of her former state of health, and consequently the symptoms indicating the formation of an abscess may not have been recorded. In another the first symptoms were severe constipation and vomiting; and the fifth case had for a length of time been affected with an abdominal tumour which suddenly burst into the stomach, and was rapidly followed by fatal exhaustion.

We are justified, then, I think, in concluding that in every case of perigastric abscess, excepting where it occurs in persons affected with phthisis, cancer, or some other chronic exhausting malady, the first formation of the abscess will be accompanied either by collapse and signs of general peritonitis, or by sudden and severe pain of the epigastrium, attended with indications of local peritonitis.

The absence of repeated rigors is worthy of remark, as it may often enable you to exclude this condition where the diagnosis is doubtful. A patient, for example, is at present in my wards who was admitted with severe rigors repeated daily, as in ague. This and the absence of any history of gastric or duodenal ulceration enabled us to exclude local peritonitis; and as he has been for three or four weeks expectorating lung tissue, and there are signs of consolidation at the base of the lung, it is probable, as was at first conjectured, that an abscess in or near the liver has perforated the diaphragm.

On inquiring into the course of perigastric abscess, it will be advisable to separate such as commenced with symptoms of collapse from those in which this was not present. Looking, then, at the collapsed cases, we find that in one instance this condition persisted until death, which took place in twenty-two hours; but it was found on post-mortem examination that the abscess had been present for some time and had burst into the peritoneal cavity. In the others the collapse gradually decreased, and the patient chiefly complained of severe and continuous pain in the abdomen or epigastrium, with tenderness on pressure, distension, and fever. Vomiting was a prominent symptom in one case and diarrhœa in another. In five perforation either of the pleura or pericardium occurred, and in two the patient complained of a sensation as if something had suddenly given way. In five cases in which the duration of life is given, the average of the last illness was thirty days. Details are afforded in nine cases where collapse was not present, and in all severe and continuous pain in the abdomen or epigastrium persisted until death, attended with tenderness on pressure; but there is no record, as we should have expected, of constant vomiting. In one pus was vomited, but there is no notice of hæmatemesis. In five pleurisy was set up: in four of these by perforation of the diaphragm. The average duration of life was less than in the collapsed cases: four died within two weeks, and two lived more than a month after the commencement of the fatal illness. Fever is mentioned in nearly all as a prominent symptom, but I have been able to find only one or two in which the course of the temperature is noted.

Occasionally temporary recovery ensues after the formation of the abscess, and instances are recorded where the patient was able to return to his employment, and was afterwards attacked with general peritonitis arising from rupture of the sac. We may suppose that in such instances the pus had become walled in by fibroid tissue, as in the following, which was admitted into this hospital under the care of Dr. Hughlings Jackson.

CASE 7.—Male, aged fifty-one. "He met with an accident two years ago, and then vomited blood. He has since suffered from pain of the stomach, not increased by food. For the last week he has suffered constant pain; the abdomen is distended; has had nausea, but no vomiting. The pain is increased by the act of breathing." The next day he is mentioned "as lying on his back and as moving very cautiously; the pain was chiefly in the epigastrium, but he shrieked out directly the abdomen was touched. The lower part of the chest and of the abdomen were quite hard and rigid." On the following day there was noticed a friction sound at the left base.

Post-mortem examination.—"A chronic ulcer of the stomach along the lesser curvature, nearer to the œsophageal end, which had perforated all the coats. Old perforations and adhesion of the stomach to the liver, and an abscess was situated a little above the ulcer. The stomach was firmly adherent to the under surface of the liver, and there was thickening between the left lobe of the liver and the œsophageal end of the stomach and diaphragm. On separating the stomach some pus escaped, and a cavity was opened, bounded above by the diaphragm, on the left by the diaphragm and spleen, on the outer side by the left lobe of the liver, and below by the stomach; so that the abscess was situated chiefly between the diaphragm and the stomach. It was surrounded by fibroid tissue, showing that it had existed for some months. The cavity was about an inch from the floor of the ulcer, being separated from it by fibroid tissue."

It will be observed that the patient complained of pain increased by breathing, and we can readily understand how such would be the case, as the abscess was in immediate contact with the diaphragm. I have not found this symptom noticed as a prominent one in the other histories I have collected, but it is probably not uncommon. In many of those in which perforation into the pleura is mentioned we have unfortunately very scanty details of the symptoms; but in those that are more carefully recorded the patients were suddenly attacked with severe pain of the side and urgent dyspnœa. In one rigors are said to have preceded the chest symptoms, as in Case 2; in another the patient became rapidly unconscious; one complained of a sensation as of "something had given way"; and in all the sudden pain was quickly followed by fever. In one only the pleurisy was accompanied by jaundice, but no light was thrown by the post-mortem examination on the cause of this condition. Where the abscess opened into the pericardium still more striking symptoms were produced. One complained of a feeling "as if something had burst," and all experienced severe pain in the heart's region, accompanied by great dyspnœa; the pulse was very small and rapid, the extremities cold, the patients extremely restless, and death occurred on the third or fourth day after the accident.

Such are the usual symptoms observed in cases of epigastric abscess, but occasionally the ordinary difficulties of diagnosis inseparable from such an obscure disease are increased by the coexistence of some other disorder. For example, a case was admitted under Dr. Sansom in which, on post-mortem examination, the following conditions were discovered:—

CASE 8.—"General peritonitis, dilated stomach, and stricture of the pylorus; a large ulcer with sharp edges and a perforation in the centre of its base, and a large cavity between the walls of the stomach and the liver surrounded by organised lymph. There was also a large aneurysm of the abdominal aorta eroding three of the vertebræ, and also fibroid thickening and consolidation at both apices." Unfortunately, the history of this case is lost, but you can readily imagine what a complicated clinical picture it must have presented to the physician, and how impossible it would be to diagnose the state of so many important organs simultaneously affected.

You will observe that there is nothing very distinctive in the symptoms of perigastric abscess, but we shall find that in many instances the physical signs are very characteristic. When we examined the subject of duodenal abscesses, we deferred the consideration of the physical signs accompanying them on account of their similarity with those of perigastric abscesses; and in the remarks I now propose to lay before you I shall include abscesses connected with both of these sections of the digestive tract. In a small number of cases, as has been before mentioned, no communication could be discovered between the ulcer and the abscess, although there was no doubt that the latter was the result of the irritation set up internally. The physical signs in such cases are, of course, somewhat different from those we have before mentioned, as the contents of the abscess consist of fluid only, and gas and liquid do not coexist, as in those that communicate with the interior of the digestive canal.

A tumour capable of being distinguished externally is mentioned in only six of the cases arising from ulceration of the stomach; but it was almost always present where the disease was associated with cancer. The rarity of a tumour in the former class is easily explicable when we remember that in most instances the pus lies very deeply, and is in relation with the diaphragm. But there is, I think, another reason which may account for its being so rarely recorded, and that is the very tense state of the muscles, especially mentioned in Case 2, that almost always accompanies any painful condition of the upper part of the abdominal cavity, rendering its exploration exceedingly difficult. Whenever a tumour was present it was very tender; but in one instance it is stated that slight pressure produced no complaint, whilst deep pressure caused considerable suffering. In each instance the tumour at first felt hard, but this was soon replaced by the sense of fluctuation.

In most the percussion note was at first dull, but afterwards tympanitic, and in all probability this took place on account of the tumour becoming more superficial. In one well-reported instance the sound was at first dull, afterwards tympanitic, then lessened in bulk after an attack of diarrhœa, and finally disappeared, the contents of the abscess having been discharged through the diaphragm. In another the line of dulness varied according to the position of the patient, showing that the cavity was of considerable size, and that it contained both air and liquid. One reporter mentions what is an important sign in the diagnosis of these tumours—viz., that it was immovable both on full inspiration and by external pressure.

There are other signs which will assist you to ascertain the presence of a tumour situated below the diaphragm, whether its contents are only fluid or also contain air. Thus the affected side may be enlarged more than the opposite one, a point which can be determined by measurement or by the eye. Generally the lower ribs are thrown outwards, so that the angle formed by the edge of the hypochondrium and a line drawn from the ensiform cartilage to the umbilicus is larger than that of the opposite side. In a small number of cases the pus was in contact with the ribs, and where such is the case one or more of the intercostal spaces may be discovered to be unusually wide. You have seen lately two instances in which the diagnosis of a hydatid tumour was determined by means of such observations. In each there was no decided epigastric tumour and no bulging in the upper line of the hepatic dulness, but the lower ribs on the right were higher than those of the left side, while the hypochondriac angle and the breadth of one of the intercostal spaces were increased. In each case a deep exploratory puncture was made between the ribs, and the cyst was successfully emptied. When there is a collection of pus situated just below the diaphragm the organs below it are of course depressed. In one instance a tumour was discovered in the region of the spleen, as in Case 2; in another the lower edge of the liver extended a considerable distance below the hypochondrium. This displacement would be a most valuable indication of all subphrenic tumours, were it not, as has been before stated, that the abdominal muscles are usually in such a state of tension that the necessary examination is attended with great difficulty. It is important to bear in mind that the change in the position of the heart is either very slight, or the organ is only tilted upwards by the fluid beneath it. In pleuritic effusion, as you are aware, it is pushed towards the opposite side, but in subphrenic abscess this does not occur. In all cases, unless the abscess is of very small size, the diaphragm is thrust upwards, and the lower lobes of the lung are compressed; consequently, there is dulness on percussion, which is more evident behind than in front. You can distinguish this from a collection of fluid, as the tactile fremitus is increased, and is accompanied by diminished respiration and generally by fine crepitation. In most of the reports the dulness is said to have reached as high as the angle of the scapula, and the line of dulness in front is also stated to have been higher than in the normal condition. I have not met with any remark as to the line of dulness being curved, as is not unfrequently the case in hydatid and other cysts of the

liver; but this probably arises from the fact that the dulness is the result of the compression of the lung alone, the abscess being more deeply situated than in the case of hepatic cysts.

You must bear in mind that an abscess in connexion with the stomach generally contains both air and liquid, and is therefore in a similar state to a pleura which is the seat of pneumothorax; consequently the sounds, such as amphoric respiration, metallic tinkling, and splashing on succussion, which are usually looked upon as characteristics of the latter, may also present themselves in the former condition. This was first pointed out in a case published by Dr. Barlow and Dr. Wilks as far back as the year 1845, and these observations have been since confirmed by many other observers. The amphoric sounds are, however, generally not confined to the thorax, but can be often heard over the whole abdomen, and, in some instances are audible to the lower border of the spine.

There are no special physical signs when the abscess bursts into the pleural cavity. If it has contained air, the ordinary evidences of pneumothorax present themselves; but if only fluid, then the signs of pleuritic effusion can be

FIG. 2.

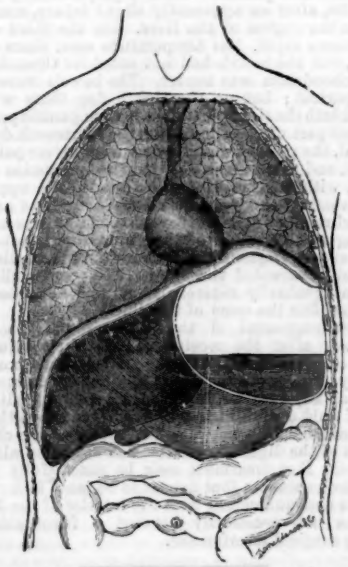

Diagram of Perigastric Abscess. In upper part percussion, movements of chest, inspiration, tactile fremitus, and vocal fremitus all normal; heart raised. In lower part percussion tympanitic; amphoric sounds.

recognised. In one instance, when the chest had been aspirated, the fluid removed was found, on microscopical examination, to contain particles of food, proving of course that the mischief had originated in the digestive canal. Where the abscess opens into a lung previously adherent to the diaphragm, pneumonia is set up, and you may find by microscopical examination particles of lung-structure in the sputa. In the rare cases where a perigastric abscess has burst into the pericardium, physical signs of great interest have been remarked. The pericardium, being distended with air, presented a clear note on percussion, instead of the normal dulness, whilst the motions of the heart were accompanied by a metallic sound, which in some cases was loud enough to be heard by the side of the patient's bed.

As you may readily imagine, there is often great difficulty in the diagnosis of perigastric abscess, and you are liable to confound it with a number of tumours situated in the upper part of the abdomen. You will frequently see in the wards hydatid cysts presenting themselves in the left hypochondriac region, and when they suppurate you may easily mistake a perigastric abscess for one of those tumours. But the history of a hydatid is very characteristic; it is often discovered by accident, and has generally been for a considerable length of time unattended by pain or any other inconvenience excepting such as may arise from its bulk, there has been no previous emaciation or deterioration of the general health, no pain after food or vomiting. A hydatid tumour is always dull on percussion, is not lessened by diarrhœa or vomiting, can be generally shown by careful manipulation to be in connexion with the liver, and, unless adhesions have been extensively formed, it moves with the respiration or by pressure. You are more likely to mistake a perigastric abscess for a hepatic abscess, unless you bear in mind that the latter almost always arises from dysentery or an affection of one of the abdominal organs whose circulation is connected with the portal system. It chiefly occurs in persons who have lived in the tropics, and have been previously healthy; its course is acute, is usually attended with repeated rigors; the tumour is quite dull on percussion, is never tympanitic, and is never accompanied by signs of pneumothorax. As has been already pointed out, in some of the cases of perigastric abscess the signs of pneumothorax have been observed where there has been no perforation of the diaphragm, and consequently a mistake in diagnosis has often been the result. Forty years ago two

FIG. 3.

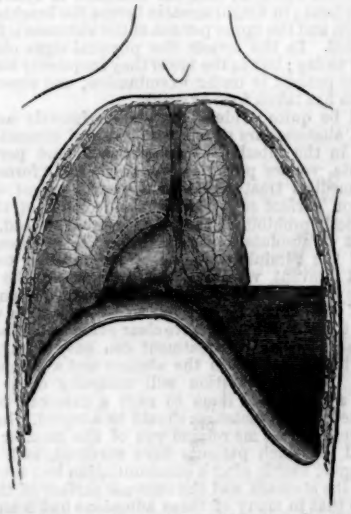

Diagram of Pneumothorax. Everywhere percussion tympanitic; movements of chest, inspiration, tactile fremitus, and vocal fremitus diminished or absent; amphoric sounds; heart displaced.

cases of this kind were correctly diagnosed by Dr. Barlow, and of late the characters distinguishing these conditions have been clearly pointed out by Dr. Leyden. In pneumothorax there is usually a history of cough, dyspnœa, hæmoptysis, or other signs of pulmonary disease; whilst in perigastric abscess the patient has previously complained of pain after food, dyspepsia, or other symptoms pointing to disorder of the digestion. In the former the whole of the affected side is enlarged, the intercostal spaces are flattened, and the movements of the chest are everywhere absent; whilst in the latter only the lower part of the chest is distended, and the upper portion of the affected side moves in breathing. In pneumothorax there is an absence of the respiratory murmur and of the tactile fremitus all over the affected side; whilst in perigastric abscess the respiratory murmur can be heard for some distance down the side, and is audible at a lower point in forced respiration than in ordinary breathing. In addition to this, the amphoric sounds are often audible over the whole abdomen and even to the bottom of the spine in perigastric abscess, instead of being confined to the immediate neighbourhood of the thorax; the heart is generally pushed to the opposite side in pneumothorax, but is only tilted upwards in the case of perigastric abscess. The accompanying diagrams (Figs. 2 and 3) will make these distinctions more plain to you than mere verbal descriptions.

There is another very rare condition which in some respects resembles perigastric abscess and might lead to a doubt in diagnosis. In diaphragmatic hernia portions of the abdominal viscera find their way into the pleura, which is almost always the left, and you will remember it is also the left side which is commonly affected in perigastric abscess. As the pleura contains organs filled partially or wholly with air, there is also in such cases a tympanitic note over the lower part of the chest, and often a metallic sound when the stethoscope is applied to the part whilst percussion is made near it with the pleximeter. The various amphoric sounds are also audible, as in the case of pneumothorax and of perigastric abscess, where there is a communication between the abscess and the stomach. There are, however, well-marked points of difference between these conditions. Perigastric abscess is preceded by symptoms of ulceration of the stomach; diaphragmatic hernia is mostly the result of injuries, although in some instances it is congenital. The former is always accompanied by severe pain, tenderness of the part and fever; the latter, unless strangulation has taken place, may be without any symptoms, or these may be only temporary—such as dyspnœa directly after food, evidently dependent on the pressure of a distended stomach. In perigastric abscess the heart is tilted upwards, and the abdomen is tense, tender, and prominent; in diaphragmatic hernia the heart is pushed to one side, and the upper portion of the abdomen is flattened or retracted. In the former the physical signs often vary from day to day; but in the latter they frequently alter, even whilst the patient is under examination, and especially as soon as he has taken food or drink.

It will be quite evident that, as perigastric and peri-duodenal abscesses are usually the result of ulceration commencing in the interior of these organs and perforating their coats, we are powerless to prevent the formation of pus by medical treatment. In the early stages we must insist upon perfect rest, the least movement of the body being strictly prohibited; the withdrawal of all food, excepting what is absolutely necessary for the maintenance of life; and the administration of opium, in order to relieve pain and prevent vomiting. In most cases the patient should be fed by means of nutrient enemata, and only small pieces of ice should be allowed to be sucked in order to alleviate thirst. When we have clear evidence of the formation of an abscess, the treatment can only be surgical, an opening being made into the abscess and a drainage-tube inserted. But the question will naturally occur to you whether a favourable issue to such a case can be fairly anticipated if such measures should be adopted. In answer to this question, let me remind you of the number of cases on record in which patients have survived, and, in fact, enjoyed good health, after a communication had taken place between the stomach and the external surface of the body. It is true that in many of these adhesions had been formed between the stomach and the abdominal parietes, but in others it is distinctly stated that an abscess was first discovered in the abdomen, which subsequently burst externally. Cases, again, are on record in which the contents of the abscess seem to have been evacuated through the digestive canal, and the patient recovered. The following very interesting and instructive example is recorded by Dr. Hilton Fagge.

CASE 9.—A man, aged thirty-seven, who had always enjoyed good health, nine months before his admission into Guy's Hospital was kicked by a man on the left side. A swelling formed there, and gradually increased in size. Twelve days after his admission he vomited a small quantity of blood, which recurred next day. The tumour is described "as a rounded mass extending deeply, so that no lower edge to it can be felt. Its inner border reaches the middle line of the body, and it reaches downward to within an inch of the umbilicus. It is perfectly dull except along its inner border. Here there is a tympanitic resonance, less clear, however, than over the adjacent stomach. The heart's impulse cannot be felt below the nipple at all. It is felt above the nipple between the third and fourth ribs, and also above the third rib. On listening to the heart's sounds in this position, they are perfectly natural; but below the nipple very curious gurgling sounds are audible, synchronous with the heart's beats. They are of a metallic or musical quality, the systole being often accompanied by several distinct tinkling sounds." At a subsequent date it is recorded that "the gurgling sounds can now be heard without the aid of the stethoscope, and even at the distance of three feet from the patient, but they are not constant. There is now tympanitic resonance over the tumour, except when he lies on his left side; this causes the disappearance of the tympanitic percussion note." He was discharged from the hospital at his own request, "but he came back some time afterwards, and said that the tumour had suddenly disappeared, having discharged a quantity of matter which I suppose he must have vomited, although there is no note of the fact in the report. On examination it was found that he was right in stating the tumour was no longer to be discovered. The man appeared to be quite well."

Now, although the foregoing case differs from most of those we have before examined, inasmuch as the abscess would seem to have commenced externally to the stomach and to have been the result of an injury, yet the vomiting of blood, the well-marked physical signs, and the eventual disappearance of the tumour after a discharge of pus, seem to prove that there was a communication between the abscess and the stomach, and if so, that cases of perigastric abscess may terminate favourably. But you will remember that in a large proportion of cases perforation of the diaphragm takes place, and pneumothorax or acute pleurisy is set up before the existence of the abscess can be clearly made out. Does this condition, then, admit of recovery? Let me quote you a case of Dr. Tilmann's bearing upon this question.

CASE 10.—The patient was a boy, previously in good health, who, after an apparently slight injury, complained of pain in the region of the liver. On the third day the pulse became rapid, the temperature rose, there was no vomiting, but the bowels had not acted for three days, and the hypochondrium was tender. The bowels were opened by an aperient; but on the eighth day there was some exudation into the right pleura, with a tympanitic percussion note in one part of the chest. On the fourteenth day, after a full meal, the patient was attacked with severe pain of the right side, and there was a dull note on percussion all over that side, with the exception of a space in the upper part, where the note was tympanitic. The chest was aspirated, and a fluid resembling a fine emulsion of fat was removed, containing small patches of starch. A drainage-tube was inserted, and subsequently particles of food were discovered in the fluid evacuated through it. Notwithstanding this, the patient gradually recovered, and was dismissed cured six months after the onset of the illness.

The commencement of the illness in the above case immediately after the receipt of a trifling injury was probably only accidental, and the patient had most likely previously had an ulceration of the duodenum. The presence of air, however, in the pleura and the withdrawal from it of fluid containing particles of food prove that there was a communication between the cavity of the chest and some part of the digestive canal. But this case also shows conclusively that treatment may be successfully adopted even in circumstances that appear to be most unfavourable, and that a communication with the interior of the digestive tube does not necessarily prevent a favourable result following surgical interference.

ABSTRACTS OF
Lectures
ON
RHEUMATISM IN CHILDREN.

Delivered at the Hospital for Sick Children, Great Ormond-street.

BY ANGEL MONEY, M.D., M.R.C.P.

THE lecturer opined that it was legitimate to speak of a children's type of rheumatism. A typical case of rheumatism in a child might be pictured as one that presented in the course of a single attack of the malady the following phenomena: erythemata, nodules of the subcutaneous variety, now so well known, joint affection, endocarditis, and chorea. Dr. Money said that he had seen all these phenomena occur in the course of a single attack of rheumatism in a child. Briefly put, the children's rheumatism might be said to be characterised by the frequency of occurrence of erythemata, nodules, endocarditis, and chorea, and by the slightness of the arthritis and pain, pyrexia and

sweating. He also advanced the view that arthritis was even of very doubtful occurrence, and considered that the slight effusions about joints met with in the rheumatism of children ought to be regarded as of the nature of a periarthritis, the slight spontaneous pain and not great tenderness certainly not militating against such a view. He was of Dr. T. Barlow's opinion, that effusion into the sheaths of tendons was decidedly a feature of the rheumatism of children. The subcutaneous nodules were regarded as of the first importance in the study of the affection in childhood. Accepting Dr. Barlow's homology between them and the bases of valvular vegetations, he thought we might consider that the changes in the one were in some sense representative of the alterations in the other. It was reasonable to suppose that, so long as the nodules came and went, similar alterations might be taking place in the valvular lesions. He still adhered to his opinion expressed three years ago, that in half the cases of severe rheumatic heart disease in children nodules might be found. The greater frequency of endocarditis in children might be partially accounted for by the slight painfulness of the arthritic manifestations, which did not prevent children suffering from a moderate degree of rheumatism from running about; mechanical strain probably thus played an important part in exciting the "nodular" valvulitis. It was by no means rare to find disease of the valves of the right side of the heart in rheumatic children. In rheumatism, chorea must be regarded, like the nodules, as a symptom, an expression of the disease. Although chorea, that attracted attention, was by no means a universal symptom of rheumatism in children, still it was remarkable, Dr. Money said, in his experience, how very frequently a slight amount of involuntary twitching of the fingers was present. Erythemata were probably even more frequently present than observed, for they were sometimes so fugacious as to be easily missed. Stiff-neck and back-ache were probably affections of the interstitial connective tissue of muscle, and not an affection of the muscular protoplasm proper. He had seen rheumatic nodules develop around a joint which at the time showed decided signs of effusion of the kind usually seen in children.

If we contemplated the course of the various rheumatic phenomena, it would be observed that they all tended to come and go, and in this respect they exhibited a series of degrees of duration beginning with erythemata, which were the least durable, passing on to periarthritis, teno-synovitis, nodules, chorea, and endocarditis. Doubtless, no absolute rule could be laid down in this regard, but the comparison was worthy of entertainment. Was there a single essential lesion in rheumatism? Might we look upon the various rheumatic phenomena as of equivalent order? The cause of rheumatism, whatever it might be, was liable to produce slight localised inflammations, having a remarkable tendency to subside. It was possible that an erythema might be regarded as the essential semeiological rheumatic element. In the skin such a lesion could easily pass away; in subcutaneous tissues its effects might be more marked and more lasting, though still tending to disappear; so with the heart. Could we regard the chorea of rheumatism as the result of multiple erythemata of some part of the motor apparatus of the brain and spinal cord? It was curious that so many of the rheumatic lesions had been ascribed to embolism; it would be easy enough to regard the papular and marginal forms of erythema as due to trifling multiple embolism, just as the purpura had been so explained; likewise the migratory joint affection, as Hueter held; and why not the nodules as well as the chorea? But embolism could hardly explain the nodular valvulitis or beading of valves; nor probably the tendency that sometimes existed for pericarditis to assume a nodular form, as both Dr. Barlow and Dr. Money had actually found at the necropsy of cases of rheumatic disease in children.

In conclusion, Dr. Money considered that the rheumatism of children was one of the most hopeful affections that the medical man could have to treat, provided that the diagnosis be made at an early stage of its development—a very large proviso. But the affection might be easily overlooked on account of the slightness of the subjective symptoms. How important was it that a most careful physical examination should be made in all cases of even slight ailments! Some of the rheumatism of children was so insidious in its operation, that it was conceivable for the disease to be at work without giving signs either of a subjective or an objective order.

A child who has any sign of rheumatism about it should be kept absolutely all day and night in bed. Even if a mere urticaria or erythema be the only sign to be found, the bed should be tried for a day or two and the case watched for other members of the rheumatic series. Whilst holding that erythemata, the nodules, periarthritis, chorea, and heart disease were perhaps most frequently of rheumatic origin in children, Dr. Money allowed fully that any of these symptoms might own several other causes. Not all erythemata and chorea are rheumatic, nor is all periarthritis and endocarditis of rheumatic origin.

The severity of rheumatism in children may be measured by the appearance and clinical development of the nodules. The nodules, both of the subcutaneous tissue and the valves of the heart, are a guide to the degree of rheumatism and to its character. Some kinds of rheumatism resemble the shocks of the interrupted current, and others have more of the continuous character, smouldering in its manner. Dr. Money had seen abundant crops of nodules with signs of genuine heart disease come with the suddenness of a flight of birds, and disappear almost in the same rapid but in a more straggling manner; and these severe attacks may be repeated, leaving the patient somewhat devitalised, yet with prospects of a complete restoration to health. It was quite another thing in the rheumatism that was less intense but more continuous; this was the variety which Dr. Money believed led to further fibrotic changes in the valves, and sometimes in cases of this slowly progressive course the nodules abated some of their tendency to disappear, and remained for weeks and months together. No doubt intermediate stages between these two forms existed.

As to the further treatment of rheumatism, the principles were of the simplest order, but at the bedside many details had to be borne in mind and must be acquired by the practitioner himself, for no amount of lecturing could impart the necessities of treatment of any individual case. Dr. Money had faith in the employment of moderate quantities of bland fluids like barley-water or toast-and-water, to which might be added the alkaline carbonates, the effects of which were probably, he suggested, enhanced by their administration in dilute form. Salicylate of soda or salicine was of value in some cases of rheumatism in children, but in his experience of less value than in adults, whose pain and joint affection were so much more a part of their suffering.

Some of the most disheartening cases that could fall to the lot of the medical practitioner were those which presented a picture of pallid cachexia simulating the appearance of a neglected case of empyema. Here the child may be breathing rapidly, with a dry skin and clubbed fingers; with severe heart disease manifested in the rapid heaving action, loud murmurs, and thrills; with bronchitis, worse in the left lung, and even with patches of pleurisy about the bases of the lungs and elsewhere; with nodules about the ankles and elbows, considerable emaciation, and an almost undiscoverable effusion about two or three joints; and yet with a temperature that does not transcend 101° in the course of the twenty-four hours, and which may for a greater part of the time be not above 99° or even the normal.

NOTES OF A CASE OF EXCISION OF THE LARYNX FOR MALIGNANT DISEASE.

BY DAVID NEWMAN, M.D.,
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THE following is a short report of one of the few successful cases of extirpation of the larynx for carcinomatous disease. It is not possible, even although six months have elapsed since the operation, to state positively that the patient has been cured of his disease; but I think the fact that there is not the least evidence of recurrence, and the circumstance that the patient is rapidly gaining in weight and is now able to follow his occupation, afford us some reason to believe that his chances of complete cure are considerable. The points in his favour are that the disease was strictly limited to the laryngeal cavity, and the fact that not only the epithelioma, but along with it a considerable portion of healthy tissue, was removed, reduces the tendency to recurrence to a minimum.

I believe that the high mortality in complete laryngec-

tomy has arisen from the fact that the cases have not been carefully selected, and the operation has been performed without sufficient regard to the circumstance whether or not the growth was limited to the cavity of the larynx. For extrinsic carcinomatous disease laryngectomy seems to me unjustifiable, for two reasons—the immediate dangers of the operation are great when not only the larynx but also large masses of glands or portions of neighbouring organs require to be removed, and the possibility of eradicating the disease is extremely small. But while I willingly admit that growths of a cancerous nature, originating in the larynx and spreading beyond it, are not suitable for extirpation for the reasons I have just stated, I do not see why intrinsic carcinomata which have not yet exhibited any evidence of glandular involvement should not be removed with a good prospect of saving the patient.

Laryngeal carcinomata are, as a rule, intrinsic for a lengthened period, and therefore the time during which the operation may be performed with advantage is considerable; but, notwithstanding, it is of the utmost importance that, if the operation is to be performed at all, it should be undertaken as soon as the disease has been recognised, and probably the most certain way of clearing up a doubtful diagnosis is to remove a small portion of the growth by the endo-laryngeal method for microscopic examination. Such a simple operation is practically devoid of danger: if the neoplasm proves to be benign, the operation is but a step for its complete removal; if the growth is malignant, the sooner the fact is ascertained the better. I look forward to the time when very few cases of intrinsic cancer of the larynx will be permitted to involve the lymphatic system without an attempt being made to remove the primary growth.

The patient, J. W——, aged thirty-seven, was admitted into the ward for diseases of the throat and nose, Royal Infirmary, on Jan. 5th, 1886, and tracheotomy was performed on the 14th of that month. The following is the history of the case, as recorded in the ward journal:—About three years ago the patient first noticed a slight hoarseness in speaking, unaccompanied by pain or by any difficulty in swallowing or breathing. The hoarseness commenced about November, 1882, and continued until the following summer, when some improvement took place, but he was not certain whether the voice regained its former condition or not. The following winter (1883-84) his throat again troubled him, became worse than during the preceding year, and since then the disease has gradually developed to the present condition. He now complained of pain over the larynx, extending upwards to the left ear, but not increased by palpation. Aphonia was complete, and there was slight difficulty in deglutition. Digital examination externally did not reveal any alteration in size or form of the larynx, or enlargement of the lymphatic glands. The epiglottis was practically normal, but the aryteno-epiglottidean folds were thickened slightly, and the mucous membrane of the upper part of the larynx was hyperæmic. On the left side, midway between the arytenoid cartilages and the thyroid attachment of the false cords, there was a deep ulcer with a sharply-defined edge anteriorly, but posteriorly the edge was rounded, and the mucous membrane covering it presented a warty appearance. On the right side the mucous membrane was considerably thickened over the false cords; the true vocal cords were completely destroyed by a large ulcer, which extended down as far as the lower margin of the thyroid cartilage, and presented the characteristic appearance of an advancing epithelioma.

Tracheotomy was performed, as I have stated, on Jan. 14th, and on Feb. 1st I made the following note:—The patient stated that for the last few days the pain in deglutition had so increased that he had considerable discomfort in swallowing solid food. For some time back (two months) he had had difficulty in swallowing fluid food, but till lately he had been able to swallow solids without pain or even uneasiness. This change was accounted for by the fact that within the last week the mucous membrane covering the arytenoid cartilages and the inter-arytenoid fold had become considerably indurated, apparently by inflammatory products. The only other change worthy of note was an increase of pain over the larynx and in the left ear. Previously to operating, I asked Dr. Perry to examine the patient, especially as regards the condition of his heart and lungs. These Dr. Perry pronounced as practically normal. Having satisfied myself, by microscopic examination of a portion of it, that the growth was an epithelioma, I asked Drs. Macewen and Knox to assist me in the operation.

In excising the larynx, I made a median incision from the lower edge of the hyoid bone to the tracheotomy wound, which was situated on a level with the second ring of the trachea. The skin and subcutaneous tissues were then dissected from the thyroid cartilage in front, the anterior margin of the thyro-hyoid muscle was exposed, and the substance of the muscle was separated from the upper part of the cartilage by the handle of the knife, while the origin of the muscle from the oblique line on the side of the thyroid cartilage was separated by incision as far back as the pharynx. This was done first on the left, then on the right side. The other muscles—namely, the sterno-thyroid and the inferior constrictors—were then dissected, the edge of the knife being kept close upon the cartilage. The cricoid cartilage was then dissected out and the upper ring of the trachea exposed. When this had been done, the trachea was drawn forwards and upwards, and divided below the first ring. Up to this stage of the operation chloroform had been administered through the tracheotomy tube; but now that the trachea was divided transversely it was necessary to introduce a large-sized tracheal tube (Macewen's), with an indiarubber ring round the end in the trachea, in order to prevent blood from flowing into the air-passages, and also to permit chloroform to be administered at a little distance from the operator. The mucous membrane on the posterior wall of the trachea was then carefully dissected from the œsophagus; the superior cornu and upper part of the left ala of the thyroid were then cut through and separated from the rest of the cartilage, so as to permit the posterior part of the larynx to be more readily dissected from the pharynx. The thyro-hyoid membrane was then divided in front, the epiglottis was divided at its base, and the upper attachments of the larynx were cut through. A small portion of the mucous membrane of the pharynx was taken away along with the arytenoid cartilages. The portion of cartilage which was separated from the thyroid was then removed. All bleeding points having been secured, the trachea was stitched to the lower edge of the wound, and a large-sized tracheotomy tube was fixed in position. The wound was dressed with absorbent cotton-wool sprinkled with iodoform and enclosed in a casement of perforated green silk protective. The patient was then placed in bed, and no food was administered until the evening, when a feeding-tube was introduced into the œsophagus through the upper part of the wound, and retained in position by a piece of sticking-plaster.

In performing this operation, I divided the trachea and removed the larynx from below upwards. Some surgeons, however, prefer to do it in the opposite direction; this is a more tedious method, but it avoids the risk of blood entering the air-passages, on account of the severance of the larynx from the trachea being the last step in the procedure. These advantages are, however, counterbalanced in the method which I adopted by the circumstance that the operation can be performed more rapidly; while, by using a flexible gum-elastic tracheal tube, of sufficient size to fill the trachea, not only can the escape of blood into the lower air-passages be prevented, but the anæsthetic and the hands of the administrator are removed some distance from the field of operation. One point to which I desire to direct attention is the advantage of dividing the thyroid cartilage close to its upper posterior angle. By separating the superior cornu before dissecting the larynx from the œsophagus the operation is greatly facilitated, and the danger of injuring the œsophageal wall or large arteries is removed. Some operators ligature the superior and inferior thyroid arteries, and if necessary the superior laryngeal, or even the hyoid branch of the lingual artery, as a preliminary to the operation of extirpation; but, as far as my experience goes in laryngectomies, the hæmorrhage is by no means great, and can easily be controlled.

During the first few days after the operation the only food administered to the patient was milk, and this was supplied at the rate of three or four pints in the twenty-four hours. When the wound became firm, an artificial phonatory apparatus (Dr. Irvine's modification of Gussenbauer's artificial larynx) was introduced, and the edges of the wound were drawn over the upper or pharyngeal limb by strips of sticking-plaster. The phonatory apparatus was kindly made for me by Dr. J. Cowan Woodburn. The patient has now (July 20th, 1886) been wearing it for more than four months. His articulation is wonderfully good, and, except for its monotony, is not distinguishable from his

natural voice. The vowels are pronounced with perfect clearness, both when he speaks in a whisper with the reed out or when he attempts phonation. The reed remains silent during ordinary expiration and inspiration, but when the patient makes a slight effort the reed is thrown into vibration, and a pure note is produced which becomes modified in the buccal cavity into articulate speech. He is able to swallow both solid and fluid food without difficulty. On laryngoscopic examination all the parts are found to be perfectly normal and free from inflammatory changes, and the patient is able to follow his regular occupation (that of a confectioner) without inconvenience.

ON

NEURORHEUMA, OR NERVOUS ENERGY.

BY W. HALE WHITE, M.D.,
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WHEN light falls on the retina, or sound on that part of the ear which contains the terminations of the auditory nerves, or heat upon the sensory to heat nerve terminations, or electricity or a blow is applied to the termination of a sensory nerve, a sensation is transmitted to the brain along nerves going to that organ from the various peripheral terminations—as the retina. This may be proved by the simple experiment of cutting the nerve, when it will be found that no sensation reaches the brain on stimulation of the periphery of the nerve—i.e., if the optic nerve be cut, no amount of light falling on the eye will ever make us conscious of light. That something is transmitted along the nerves in each case there can be no manner of doubt. What it is, and how it is transmitted, we know no more than we know of the mode of transmission of electricity along a wire. It may be a vibratory motion, or it may be a fluid flow—that is to say, something emitted from one end of a nerve and transmitted along it to the other; these two views corresponding to the vibratory and emission theories of light. Or it may be that each molecule undergoes some chemical or other change which sets up a similar change in the molecule next to it, and thus the change is transmitted along the nerve. Or, lastly, the mode of transmission may be of such a nature that, with our present mental capacities, we are incapable of appreciating it.

But the fact that we do not know what it is that passes, or how it passes, need not prevent our having a word to express that something passes; as it is at present, we are content with such phrases as nervous current, nervous flow, nervous transmission, nervous energy. It would, however, be thought very cumbersome if, because, in the case of electricity, that particular form of energy is generally found flowing along lines, we were to talk of the wiry flow, the wiry current, wiry transmission, wiry energy. Would it not be better to have some distinctive word for that form of energy which flows along nerves and is stored up in nerve cells? As good a word as any is, I think, "neurorheuma" (that which flows along a nerve), and the derived adjective would be "neurorheumal." The only objection to the word is that rheumatism is derived from the same root; but the fact that the new word has "neuro" prefixed, and the old one has no prefix, but has "tism" affixed, will serve sufficiently to separate them, whilst the difference between the adjectives neurorheumal and rheumatic is very marked. This phraseology would have the great advantage of tending to scientific accuracy of thought, and would also serve to impress upon the mind that the flow along a nerve is nothing but one of the many various ways in which energy can be manifested. Beginners in medical studies often fail to grasp this elementary fact; but if they were told that that form of energy which was peculiar to, and could only be manifested in, nervous structures was called "neurorheuma" they would have a clear conception to begin with, and would appreciate the relation of neurorheuma to other forms of energy. We should then be able to speak of the manifestations of energy as light, heat, electricity, neurorheuma, sound, motion, and so forth. It would also serve to emphasise the doctrine of the conservation of energy, for, as just remarked, it is not sufficiently recognised that the transmission of nervous energy, or, as we should now express it, the passage of neurorheuma, along a nerve is only a form of manifestation of energy. In proof of this, I may mention that Draper, in his Text-book of Medical Physics, in an enumeration of all the forms of energy, leaves out "nervous." Let us hope that the next time an enumeration is made neurorheuma will be included.

Neurorheuma, as it flows along a nerve, is, of course, kinetic; but it may be potential. For example, light falling on the retina is kinetic energy; this becomes transformed at the retina into kinetic neurorheuma, which passes along the optic nerve to the brain, where it is stored up. Let me give a fuller example of the use of the new word. A man, wishing to reproduce exactly as a drawing at home what he sees when he is out, will gaze long at the scene, by which means a large amount of light from it will fall on his retina; this will become converted into a considerable amount of neurorheuma, which, passing along the optic nerve, will be stored up in the brain as potential neurorheuma. When he gets home this will become kinetic neurorheuma, and will flow along his motor nerves to his brain, where it is converted into mechanical motion, with the result that the picture is drawn. It is to be noted that no attempt is here made to give a new explanation of facts; all I wish to show is that the adoption of the new term "neurorheuma" will facilitate the discussion of these matters.

In many respects neurorheuma is a peculiar form of energy, chiefly because it is presumably only capable of being manifested in nervous structures. But this peculiarity is one of degree rather than of kind, for electricity is conducted much better in some materials than others, whilst, as far as we know, neurorheuma has but one good conductor—viz., nerve tissue. Then, owing to the fact that this one good conductor is a living tissue, our power of experimenting with neurorheuma is necessarily limited. We should know very little of electricity if it could only be stored up and conducted in living tissues.

Another point requiring mention is that frequently the result is the same whatever be the stimulus applied, even if the application be not always at the end organ; thus, whether light falls on the retina or the stimulus be a mechanical one applied to the optic nerve the impression upon the mind of the individual is that of light. The discussion of this question is beyond the scope of this note; it does not affect the desirability of the term "neurorheuma" being applied to that form of energy into which in the one case light and in the other motion has been converted. It may be that there are different forms of neurorheuma: such as an optic neurorheuma, capable of transmission only along the optic nerve; an auditory neurorheuma, capable of transmission only along the auditory nerve; olfactory and gustatory, sensory to pain, sensory to heat; motor tactile neurorheuma, capable of transmission only along their respective nerves; to which there ought perhaps to be added trophic, secretory, and calorific neurorheuma, capable of transmission only along trophic, secretory, and calorific nerves respectively. There is much to be said in favour of such a view; it will explain why nervous actions always keep to one path, and also why any stimulation to the optic nerve, for example, causes light. Against such a view there is the fact that the axis-cylinders of these nerves are for the most part insulated by the fatty white substance of Schwann around them, which would be unnecessary if, for instance, a tactile fibre could only convey to the brain tactile neurorheuma; for it would be impossible for the tactile neurorheuma to overflow into a fibre which could only convey painful neurorheuma. But then it may be that the fibres are insulated to prevent the tactile neurorheuma from one tactile nerve fibre overflowing into another tactile nerve fibre. Again, if there be a distinct form of neurorheuma for each nerve, why is there an end organ—as, for example, the retina? But the obvious answer is that the object of the retina is to convert light into neurorheuma; for although a mechanical stimulus applied to the trunk of the optic nerve will cause a sensation of light, no amount of light concentrated on the cut central end of the optic nerve will cause this sensation. Still, although it is at present impossible to decide whether there be one form of neurorheuma which is differentiated by the cerebrum according to its source or destination, or whether there be all the various forms previously enumerated, the latter theory is a very tempting one to adopt, as it would explain many of our difficulties. There cannot be any doubt that the tissue of the brain is undergoing slow but continual change, for arterial blood having a certain chemical composition is being continually conveyed to it, whilst venous blood with an altered chemical composition comes

away from it; and it is no doubt difficult to understand how, if some molecules are constantly being carried away from the brain and others added to it, the neurorheuma stored up should remain. But may not the process be something of this fashion: as fast as a destructive chemical change goes on in any molecules in which neurorheuma is stored up, it is set free, but is immediately taken up again by the molecules resulting from the constructive chemical change that is continually going on. Possibly the exactitude with which this process takes place determines whether or not memory shall be good, for it undoubtedly might determine whether or not the neurorheuma should remain; so that, in pathological language, we should say that a person with a bad memory was one in whom the neurorheuma was not accurately transferred from the old molecules which were broken down to the new ones which were built up, whilst a person with a good memory was one in whom they were accurately transferred. Broadly speaking, it may be said, that a nerve is alive so long as it is capable of transmitting neurorheuma, and dead when it cannot do so; and probably we should be as near as possible to a correct definition of the distinction between life and death if we said that in the former the cardiac and respiratory nervous systems were capable of transmitting neurorheuma, and in the latter they were not.

My object has not been, however, to discuss these abstruse problems, but merely to suggest that the term "neurorheuma" is an advantageous one, as I hope I have shown by the use of it, and also to throw out the hypothesis that there may be not one but many neurorheumas.

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PERORATION TO MY REMINISCENCES OF FIFTY YEARS' STRUGGLE, IN THE FOOTSTEPS OF WILLIAM HARVEY, TO SEARCH OUT CRUCIAL FACTS IN PHYSIOLOGY.

By T. WHARTON JONES, F.R.C.S., F.R.S.

A NOT uncommon incident in the history of institutions, how good and just soever their object may be, has been the formation of cliques who, having for the time got power into their hands, look to the serving of their own purposes rather than the honest fulfilment of the avowed object of the institutions themselves. John Wicliffe denounced the Church Courts of his time as dens of thieves and larders of hell, and their officers as subtle in malice and covetousness. In Ireland, where the ecclesiastical jurisdiction in Roman Catholic times had been even more corrupt and oppressive than in England or elsewhere, Bishop Bedell, of Kilmore, found, to his sorrow, the Ecclesiastical Courts still unreformed under the Protestant *régime*. Consecrated in September, 1629, he had not long entered on his sacred functions before complaints reached him of oppression and extortion suffered by the poor people in the Ecclesiastical Courts. This was the more grievous, seeing that the cause of complaint was given by the Bishop's own officers, and the wrongs committed in his own name.

In a letter to Archbishop Laud, at the time Bishop of London, Bishop Bedell complains of this oppression exercised by the Court Ecclesiastical, which, said he, "in very truth, my lord, I cannot excuse, and do seek to reform." His attempts at reform, however, stirred up against him the most virulent rage and malice on the part of the officers of Church Courts throughout the country, as well as of the chancellor of his own dioceses of Kilmore and Ardagh in particular. His right reverend brethren, the bishops, whose cause it was equally with his own, though they at first applied to him by way of compliment the saying of the Emperor Theodosius in respect to Ambrose, Archbishop of Milan, "Solus Kilmorensis novit se gerere ut episcopum," gave him no further countenance. This much mortified Bishop Bedell, for had his brethren joined in supporting the cause which so nearly concerned themselves and the well-being of the Church in Ireland, some better result might have accrued. Even Archbishop Ussher, whose Court was reputed to be as corrupt as others, if not worse, though he himself was so good a man, yielding to the influence of his chancellor, stood aloof. Turning again, therefore, to Archbishop Laud, Bishop Bedell wrote, saying: "For my part, God is my witness that if I thought I could be excused in conscience for the misgovernment of the people whom God and his Majesty have committed unto me, I could easily submit to be superseded in the exercise of the jurisdiction, though there be left me nothing but the name of it; when, however, the blame also and the shame of religion lie upon it, I hope good men will not account me pragmatical if I be sensible, and desire to fulfil the profession made at my consecration, that *I would be gentle and merciful, for Christ's sake, to poor and needy people and such as be destitute of help.* These poor people do beseech your lordship, and, by you, his Majesty, to pity them. Religion entreats you to remove this scandal—the Church to reform this disorder. I have said and done what I can; I leave the success to God."

Laud's reply to this appeal was sufficiently frank, friendly, and well-considered; but he thought that not much could be done, seeing that all the practitioners of the civil law were combined to resist any reform, whilst the bishops themselves tamely succumbed to the tyranny of their own officers. Under such circumstances, therefore, the said officers, "sotil in malice and covetisse" as they were, prevailed against the generous purpose of the heroic bishop, who was, among the faithless, faithful only found.

Wicliffe knew by experience the persecution which a translator of the Holy Scriptures into the vernacular brought down upon himself, but he could never have believed that in a Reformed Church opposition would have been offered to the translation of the Old Testament into Irish such as that which Bishop Bedell encountered. Indeed, the singular character of the opposition by churchmen; the subsequent narrow escape of the MS. from the hands of the Irish Roman Catholic rebels by the intervention of the Rev. Denis Sheridan, a Protestant minister, head of the Sheridan clan, and ancestral kinsman of Richard Brinsley Sheridan; its preservation for forty or fifty years by Bishop Jones, of Meath, previously Dean of Kilmore; its revision, as a labour of love, by an Irish convert to Protestantism, who had been a Jesuit professor in Spain, and Superior of the Jesuit Mission in Ireland; the eventual publication of the work under the auspices of the Hon. Robert Boyle; and its use, not only in Ireland, but also among the Gaelic-speaking people of the Scottish Highlands for nearly the whole of the eighteenth century,—form a curious history.

Bishop Bedell employed as chief translator a Mr. Murtagh King, who had been recommended to him as an able Irish scholar, and from whom he had himself taken lessons in the language while Provost of Trinity College. The bishop, thus satisfied of the competency of Mr. King to preach the Gospel to an Irish-speaking parish, admitted him to holy orders and collated him to a benefice. The poor man, however, was not only slandered, but positively robbed of his benefice on false pretences, and persecuted, notwithstanding all the protection the bishop could afford him. In a letter to Lord Deputy Wentworth, afterwards Earl of Strafford, urging a restitution to Mr. King of the benefice of which he had been so unjustly deprived, Bishop Bedell thus expressed himself: "The Bishops of Rome themselves, after most formal proceedings, do grant 'restitutionem in integrum,' and acknowledge that 'sententia Romæ sedis potest in melius commutari'"; adding: "My lord, if I understand what is right, divine or human, these be wrongs upon wrongs, which, if they reached only to Mr. King's person were of less consideration; but when through his side that great work, the translation of God's Book, so necessary for both his Majesty's kingdoms, is mortally wounded, pardon me, I beseech your lordship, if I be sensible of it."

In 1640 Bishop Adair of Kilala was, at the instance of the Earl of Strafford, brought before the High Commission Court on the frivolous charge of having spoken apologetically of his countrymen, the Scottish Covenanters, and sentenced to deprivation. At the trial, Bishop Bedell of Kilmore, as a member of the Court, in delivering his judgment, stood out for the most favourable construction of Bishop Adair's conduct, arguing that it involved no spiritual offence nor any error in life or doctrine such as may make a bishop deserving of censure. All the other members of the Court, however, gave their verdict against the Bishop of Kilala. According to what was alleged to have been the secret history of this transaction, the deprivation of Bishop Adair was a thing determined on for the purpose of creating a vacancy in the Irish episcopate for a Scottish bishop who had come to Ireland, a refugee from the anti-prelatic wrath of the Covenanters of Scotland.

In bravely standing up by himself in defence of a man unjustly prosecuted, Bishop Bedell was checked and chidden for his pains by the higher powers at the time, as a wilful and singular person to differ from the unanimous decision of *so honourable a Court!* Nevertheless, restitution by annulment of the sentence of deprivation passed against Bishop Adair and his appointment to another bishopric was subsequently made by command of King Charles I., when, after the death of Strafford, his Majesty came to be informed of the circumstances of the case.

Whether any reparation was ever made to Mr. Murtagh King does not appear, though it is most likely that he "dropped into the grave unpitied and unknown." A "memorial" of him, however, and that not a "frail" one, still exists in the Irish translation of the Old Testament. The man who was active in despoiling Mr. King of his benefice with the assistance of the corrupt Ecclesiastical Court, in order to get it for himself, was a refugee Scottish episcopalian minister, as was also the accuser of Bishop Adair of Kilala. The fate of these two worthies, however, was different—the former, notwithstanding the incredible injustice of his proceedings, being eventually made a bishop, whereas the latter was beaten to death by a band of Irish rebels.

The instances now related, as well as many others which could be quoted, exemplify how my ancestral cousin, Bishop Bedell of Kilmore, was opposed by falsehood, slander, fraud, forgery, and theft in his endeavours to fulfil the duties of his sacred office. The instances narrated in preceding numbers of THE LANCET, from among my reminiscences of a fifty years' struggle to follow in the footsteps of William Harvey in promoting physiological knowledge in its relations to medical science, may be compared, in a small way, *mutatis mutandis*, to the experiences of Bishop Bedell. The said instances also, I venture to think, warrant me in addressing, as I now do, the General Medical Council, Universities, Colleges of Physicians, Colleges of Surgeons, and all other authorities—whether individuals or bodies corporate—whom it may concern, to protest against the incongruous teachings by which the minds of students of medicine are distracted, and to urge a plea for their better instruction in a knowledge of fundamental facts—such, for example, as the observable mechanism and action of the vessels in the extreme circulation of the blood, regarding which their professors, under the auspices of the authorities I am addressing, seem to be ignorant either from incapacity or wilfulness.

To conclude, let those who think they know, without ever having looked to see, review their supposed knowledge and cast their thoughts over again; and if, in the particulars, they find they have mistaken words and fancies for realities, and accepted the dicta of pretenders instead of the evidence of observed facts, let them correct the record and acknowledge the truth as it is in nature. Moreover, let them remember that he who propagates a delusion, and he who connives at one when already existing, both alike tamper with the truth, and that we must neither lead nor leave men to mistake falsehood for truth. Not to undeceive is to deceive.

Ventnor, Isle of Wight.

ON THE TREATMENT OF ORCHITIS AND EPIDIDYMITIS.

BY FREDERICK W. LOWNDES, M.R.C.S.,
SURGEON TO THE LIVERPOOL LOCK HOSPITAL.

THERE is a sufficient diversity of opinion as to the best treatment of orchitis and epididymitis, the result of acute gonorrhœa, to induce me to give our experiences at the Liverpool Lock Hospital. When I first became surgeon, eleven years ago, I found that the practice adopted in all these cases was that which had been suggested by Mr. Furneaux Jordan in 1869—viz., by painting the affected testicle with a strong solution of nitrate of silver (two drachms to one ounce), at the same time enforcing strict rest in bed and supporting the inflamed organ upon a small pillow, so as to prevent it from hanging down. It had been adopted for some years previously by Messrs. Worthington and McCheane, who were the surgeons to the hospital at the time when Mr. Jordan suggested this mode of treatment; and also by Mr. Chauncy Puzey, who succeeded Mr. Worthington, during the two years of his surgeoncy. I have invariably pursued the same treatment now for eleven years, and so has my colleague, Dr. Armand Bernard, who succeeded Mr. McCheane in 1882, and has thus had four years' experience of the treatment.

At my request the resident superintendent of the hospital, Mr. Serjeant, has given me the following statistics of all the cases of orchitis and epididymitis combined from June 1st, 1875, to June 1st, 1886, an interval of eleven years. The numbers are as follows:—

Years.	Number.
1875 to 1876	32
1876 to 1877	15
1877 to 1878	22
1878 to 1879	28
1879 to 1880	30
1880 to 1881	16
1881 to 1882	31
1882 to 1883	28
1883 to 1884	24
1884 to 1885	18
1885 to 1886	25
Total	269

All these were patients admitted into the hospital; we have no out-patients.

I have always found the treatment I have mentioned most successful. The acute pain, often amounting to agony, is soon subdued, and in the majority of cases the testicle returns to its normal size in the course of a few days. Sometimes a second painting is necessary, but this suffices. In private practice I have always used the same application. When patients can be induced to take absolute rest in bed, the result is equally successful as in the hospital. When, however, patients are compelled to follow their usual occupations, the recovery must obviously be slower, as it is impossible by any suspensory bandages or by handkerchiefs, however skilfully applied, to ensure such perfect rest for the testicle as when the patient is lying in bed. I have heard it argued that rest in bed is sufficient of itself to effect a cure, but a very few cases so treated with spirit lotion as an application has convinced me that it is not so. The immediate effects of the nitrate in allaying the pain are most marked, though for obvious reasons the nitrate must act more powerfully upon the testicle while in a state of quiescence than when constantly moved, however slightly.

Mr. Jordan has informed me that he still pursues the same treatment, having every reason to be satisfied with it. It seems to me to be only just to him to give this very satisfactory proof of the value of the treatment which he originally suggested.

Liverpool.

CASES OF ORBITAL NÆVI TREATED BY ELECTROLYSIS.[1]

BY SIMEON SNELL, L.R.C.P. LOND., M.R.C.S.,
OPHTHALMIC SURGEON TO THE SHEFFIELD GENERAL INFIRMARY AND TO THE INSTITUTION FOR THE BLIND.

THE following instances are good examples of the value of electrolysis in the treatment of nævus. One of them was more confined to the eyelid, but the others extended deeply into the orbit. It would not, I believe, have been easy to treat them with a ligature; and without discussing different methods of treatment, it may be doubted whether any other plan would have resulted in such an absence from deformity as was the case in these instances. A drawback, of course, to the use of electrolysis is that it may be necessary to repeat it several times. A feature in these cases is the similar situation in each.

CASE 1.—Rosina B——, aged three months, came first under my notice at the Sheffield General Infirmary in November, 1881. A nævus, apparently cutaneous, was situated in the upper eyelid, towards the inner angle, at its upper part. This was cauterised with the actual cautery, and the child disappeared. In June, 1882, she again came to me. The nævus had greatly increased in size; it was nearly as large

[1] Read before the Sheffield Medico-Chirurgical Society.

as a small walnut, and was plainly discernible as a swelling at the upper and inner angle of the orbit, pressing down the lid over the eye, and causing a good deal of deformity; it extended some distance into the orbit. It was determined to treat the case by electrolysis. Treatment was accordingly commenced on May 12th, when the needle was inserted three times; on the 26th and on July 3rd the process was repeated, the number of punctures being the same. At this latter date it was noted that the tumour was less than half its original size. After this it gradually dwindled, but the child, from ill-health, I believe, was only brought occasionally, and then not for active treatment. In 1883, the nævus was greatly reduced in size, and was hardened. On Jan. 22nd and Feb. 5th electrolysis was again resorted to, with the effect of dispersing the swelling. Later the mother came to inform me of the child's death from croup, and asserted that the tumour had quite disappeared.

CASE 2.—Beatrice H——, aged nine months, was first seen in November, 1884. The mother had perceived, in the previous April, a little dark patch at the inner side of the right upper eyelid. At the time of the baby being brought to the infirmary, at the upper and inner angle of the orbit was a purplish swelling about the size of a bean; it only showed itself on the surface, but extended more deeply. The mother thought it had not increased much in size since it was first noticed. On Dec. 1st treatment with electrolysis was commenced, three punctures being made with five cells; on the 8th and 15th, and also on Feb. 3rd, it was repeated. Soon after this last date it had disappeared.

CASE 3.—Jane L. E——, aged about three months, was brought to the infirmary in February, 1885. The nævus in this instance was larger than that in the last, but smaller than in the first-mentioned case. It was situated at the upper end and inner angle of the orbit, and extended deeply. The surface on the eyelid was purplish. The swelling became distended, as the others had done, on the child crying, and refilled after having been dispersed by pressure. It produced a good deal of deformity, and pressed the eyelid down over the eyeball at the inner side. The mother had noticed it only about a month before, and thought it had quickly increased in size. Exterior to it, at a little distance on the upper eyelid, was a small red-coloured cutaneous nævus. Treatment by electrolysis was commenced on Feb. 9th. Eight cells were employed and three punctures made; the superficial nævus was destroyed by the actual cautery. On the 23rd three punctures were made (ten cells); on April 20th, four punctures (twelve cells); on May 11th, four punctures (fifteen cells); and on June 1st, one puncture (fifteen cells), and three punctures (nine cells). The result was excellent.

CASES 4 & 5.—Since writing the above two other cases have been under treatment. Both occurred in young babies. One nævus, the size of an almond, was situated at the inner angle of the orbit, more on the nose than the eyelid. Electrolysis was repeated four times, and it disappeared. The other was as large as a half-crown, and occupied the left lower eyelid at the outer part and the cheek over the malar region. It is disappearing under electrolysis.

From six to ten cells of the battery will generally suffice; in Case 3 more were employed because the power of the instrument was deteriorating. A sufficient strength should be employed that will decompose water readily, and if this be tested before proceeding with the operation, it affords a simple plan of determining which needle to remove and which to keep stationary—the one from which the bubbles freely escape will be the one to use in the first manner.

CAMBRIDGE MEDICAL GRADUATES' CLUB. — The annual meeting and dinner of this Club was held at Caius College, Cambridge, on Saturday last, the 17th inst., Sir George Paget, K.C.B., a Vice-President of the Club, in the chair. Among the guests present at the dinner were the several professors of those collateral branches of science most closely connected with the study of medicine—viz., Prof. Newton (Comparative Anatomy), Prof. MacAlister (Human Anatomy), Prof. Dewar (Natural Experimental Philosophy), and Prof. Roy (Pathology). The Fellows of Caius College then in residence were also present as guests of the Club, together with Mr. T. Pridgin Teale of Leeds. The principal speakers were the Chairman, Prof. Humphry, Mr. Timothy Holmes, and Mr. Teale. It was announced during the evening that the Club was in a most prosperous condition, having now close upon two hundred members.

THE INSUFFLATION OF IODOFORM INTO THE TRACHEA AFTER TRACHEOTOMY FOR DIPHTHERIA.

BY GEORGE SHIRRES, M.B., C.M.,
LATE RESIDENT ASSISTANT SURGEON, ROYAL INFIRMARY, ABERDEEN.

WERE it not for the fact that after tracheotomy for diphtheria in children death is extremely common from the spread of the membrane down the trachea, the operation would be much more popular than it is at present. It is usually simple and successful enough as an operation, but the continuation of the disease in the trachea renders the final results far from satisfactory. After losing several cases from the above cause, it occurred to me that the insufflation of iodoform into the trachea after the opening of the windpipe might do something towards preventing the appearance of membrane there, and might thereby lessen the probability of death. The experiment proved eminently successful in the following two cases.

CASE 1.—I was called to see a boy aged four years and a half on the night of Nov. 2nd, 1885. I found the case to be typical of the so-called diphtheritic croup. The face was flushed, the glands beneath the angle of the jaw were enlarged, and his breathing was stridulous and performed with great effort. I advised instant tracheotomy, which the parents refused. I prescribed aconite, the use of the steam-kettle, &c., and left him for the night, very doubtful of his chance of life. When I saw him next morning the symptoms were intensified. The face was livid, the eyes staring, and the expression one of extreme anxiety. The sternum and anterior parts of the chest wall were retracted during inspiration. I insisted upon tracheotomy being performed, to which the parents consented, but with reluctance. I left for instruments and assistance, and on my return found the child in the same condition. I placed the patient under chloroform and opened the trachea. A large quantity of blood and membrane were at once expectorated through the wound, and the tube was without much trouble placed in the trachea. After this artificial respiration had to be resorted to, and was continued by my colleague, Dr. Bridger, for fully twenty minutes before respiration was properly established. Two hours after the operation I removed the inner tube, passed a thin insufflator down the outer one, and blew about ten grains of iodoform down the trachea. The child had a slight paroxysm of coughing, and, to judge from the expression of his face, seemed to experience a rather unpleasant sensation, but there was no worse result. The insufflation was repeated every four hours. Next morning I found the tube comparatively clear, but the temperature was 102·5°. Being rather afraid of iodoform poisoning I stopped the insufflation. During the day the tube got frequently clogged with membrane, and had to be removed and cleaned every two or three hours. At night I resumed the insufflation and repeated it every three hours, with excellent effect. At 3 o'clock next morning I was called by the patient's father, who, in attempting to remove the inner tube, had pulled the outer one with it. I found the patient in great distress, breathing through the wound with considerable effort. After some difficulty I reinserted the tube. From that time the patient rapidly recovered, and on the fifth day I removed the tube. The patient is now alive and quite well, with a slight cicatrix over the site of the wound.

CASE 2.—This was a somewhat similar case to the foregoing, although the symptoms were not so well marked. The patient was a little girl three years of age, whom I was called to see on the night of Dec. 10th, 1885. I found the patient suffering from symptoms of suffocation. The breathing was stridulous, the voice scarcely audible, the glands beneath the angle of the jaw enlarged, and the face much flushed. I recommended tracheotomy, and performed the operation that night. After the tube was inserted, I insufflated about fifteen grains of iodoform into the trachea, and repeated this procedure every four hours. The child made an uninterrupted recovery. On the third day I stopped the iodoform, and on the fourth removed the tube. There was no trouble with the wound, and recovery was perfect.

When iodoform is insufflated into the trachea, the cilia of the epithelium on the mucous membrane carry the

particles of iodoform upwards as far as the larynx, when they are expectorated with the mucus through the tracheotomy tube. I found that the best time to insufflate was just after the act of expiration.

Walterton-road, W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

TWO CASES OF FOREIGN BODY REMOVED FROM THE FEMALE BLADDER; OVARIOTOMY FOR THE SECOND TIME; RECOVERY.

(Under the care of Mr. RIVINGTON.)

THE variety of foreign bodies introduced into the female bladder is large—in fact, the majority of calculi in the adult female are formed round some substance which has been introduced into the bladder by the patient. As a rule it is easy to detect and remove them through the urethra, with or without crushing, but occasionally, from the shape of the substance, it is necessary to remove them by vaginal or supra-pubic operation. In the first case it was necessary to perform the former operation, for the hair-pin had transfixed the bladder, and was immovable from the urethra. The third case, that of successful ovariotomy for a second time, is interesting from the fact that such operations are uncommon, it being a rare occurrence for the ovary left in a healthy condition at the first operation to become diseased.

CASE 1. *Calculus in the Bladder of a Female formed round a Hair-pin; Vaginal Lithotomy; Cure.*—Lavinia C——, aged twenty-two, single, was admitted on Nov. 27th, 1885. She complained of incontinence of urine, which had lasted for seven months. On examination, one end of an ordinary but rusted hair-pin was found protruding through the anterior wall of the vagina nearly in the middle line, whilst the other was found protruding rather higher up and to the right. Examination of the bladder with the sound showed that the pin was covered with a considerable incrustation of phosphates. The patient would not admit that she had introduced the hair-pin herself, but stated that eight months previously she had been out with a young man, and that afterwards incontinence came on, and she felt something pricking her. Under an anæsthetic an incision was made through the lower and central aperture caused by the protrusion of the hair-pin through the anterior vaginal wall, and the other limb of the hair-pin was pushed back into the bladder. The two limbs were then pressed together, and the whole mass was withdrawn through the vaginal wound. The opening was sewn up, and a catheter was not retained. The stitches were removed on Dec. 22nd, when it was found that the wound had closed, a small opening, representing the ulcerated aperture caused by the hair-pin, alone remaining. This was refreshed with the nitrate-of-silver stick and closed in a few weeks.

CASE 2. *Pen-holder in Female Bladder; Removal per Urethram; Cure.*—A. H——, aged eighteen, tie-maker, was admitted on Feb. 12th, 1886, suffering from pain and incontinence. It was stated that a pen-holder had accidentally entered the bladder whilst the patient was sitting down on a chair. On Feb. 16th the patient was anæsthetised and placed in the lithotomy position. The sound detected a hard body. The urethra was dilated with the index finger, which encountered the body lying across the bladder transversely to the urethral axis and firmly fixed. Six ounces of warm water having been injected, the pen-holder was shifted from its transverse position by means of the sound and was then seized with forceps and brought into the urethra. Here the nib of the pen caught in a fold of mucous membrane, which had to be nipped across before the pen-holder could be extracted. The instrument was found to be 3½ in. long and was made up of a bone-handled stiletto used in ladies' fancy work, over which a barrel pen nib had been placed. It was partly encrusted with earthy phosphates. After the operation, the urine, which had been thick with pus and mucus, and was alkaline, gradually cleared and became normal, the incontinence ceased, and the patient was discharged on Feb. 25th.

CASE 3. *Ovariotomy for a second time; Recovery.*—S. B——, aged forty-three, married, was admitted under Dr. Down on Nov. 11th, 1885. Three years before she had had an ovarian tumour removed by Mr. James E. Adams, and had made a good recovery. Her abdomen was distended with ascitic fluid, and she suffered severe pain in her chest, abdomen, sides, and back; she hardly ever slept on account of the pain. Tongue furred and moist; no appetite; bowels regular; temperature normal; pulse 100; respiration 40; dyspnœa; circumference at umbilicus 36 in.; urine acid and free from albumen and sugar.

Nov. 14th.—Tapped; 340 ounces of fluid removed, with much relief.

18th.—Great pain in left leg and thigh; œdematous; superficial veins congested; phlebitis of femoral and saphenous veins.

Dec. 4th.—Tapped to 340 ounces. A firm lobulated tumour could then be felt in the right iliac and lumbar regions.

18th.—Ascites increased. Tapped to 335 ounces. Tumour distinct.

Jan. 7th.—Patient in a very critical state, with vomiting and retching. Pulse feeble; expression anxious. Tapped to 25 ounces, with relief.

8th.—Transferred to surgical side for immediate operation, which was performed under the spray. An incision three inches in length proved sufficient for the removal of the tumour after the evacuation of a large quantity of blood-stained ascitic fluid. The tumour itself was as large as a good-sized cocoa-nut, multilocular, and containing one large and three small cysts, of which one was bilocular. The large cyst was smooth outside, but inside was nearly filled up with a nodular papillomatous growth springing from the whole of the inner surface. The small cysts contained similar growths, and in one the growth had burst through the cyst wall and was fungating without any covering. The fungating mass was extremely vascular, and bled on the slightest touch. The growth was contained in the right broad ligament, and the ovary was not distinguishable. The stump of the former pedicle on the left side was examined, and found to be free from disease. The abdominal wall was extremely thin and the patient much reduced at the time of the operation. She recovered without a bad symptom. The temperature did not rise above normal. The wound was dressed for the first time at the end of a week, and was then nearly closed. The patient was discharged well on Feb. 25th.

EDINBURGH ROYAL INFIRMARY.

A CASE OF REMOVAL OF THE ENTIRE LOWER JAW BY THE MOUTH FOR ACUTE NECROSIS; REMARKS.

(Under the care of Prof. ANNANDALE.)

WE are indebted to Mr. Reginald E. Horsley, M.B., C.M., house-surgeon, for the following notes (by permission of Professor Annandale).

H. H——, aged seven, was admitted on Nov. 16th, 1885, suffering from great swelling of the face, and suppuration in connexion with the lower jaw. With the exception of an attack of croup and measles, the latter two years ago, the patient had enjoyed excellent health up to the date of the present attack, which began about ten days previous to admission, the child being at the time apparently in the soundest health. The family history is in every sense good, nor is there any record on either side of scrofula or syphilis. The present attack commenced with acute pain in the region of the last molar tooth on the right side of the lower jaw—i.e., the second molar of the first dentition, which, in common with its fellow of the opposite side, was carious. On Saturday, Nov. 7th, swelling in the region of the tooth mentioned was observed by the father, and two days later the patient, being seized with a rigor and suffering intense pain, became so feverish that he was obliged to remain in bed. On this day the swelling in the gum was noticed to have increased, and three days later burst into the mouth, discharging much pus. Next day, the patient's condition becoming more and more serious, a medical man was called

in for the first time. The tissues of the gum were now freely incised, and more pus escaped. On the following day, Nov. 14th, one week from the (observed) commencement of the attack, the father noticed a large portion of the lower jaw exposed, and the doctor extracted the two carious molars. Two days later, the lower incisors, being loose, were also extracted, while several other teeth dropped out. The child was then brought to the infirmary.

State on admission.—The lower part of the patient's face was much swollen, the soft parts over the lower jaw being red and glazed in appearance, and extremely tender to the touch. A most offensive discharge of fetid pus and blood oozed continuously from the corners of the mouth. Thorough examination of the jaw was difficult, owing to the swelling and tenderness, and to the fact that the mouth could not be fully opened. The temperature was 100·6°. The same evening the patient was very restless and complained of great pain.

Nov. 17th.—Temperature in the morning 101·6°; rose in the evening to 104·6°. There was much drowsiness; the offensive discharge continued to ooze from the mouth. The treatment consisted of warm fomentations externally, and frequent syringing and washing of the mouth with dilute Condy's fluid.

18th.—Morning temperature 103·2°; evening, 103·4°.

19th.—Morning temperature 105°. The patient being under the influence of chloroform, Professor Annandale made a thorough examination of the inside of the mouth, with the result that the entire lower jaw was found to be necrosed, its whole periosteum separated, and its connexion with the surrounding parts only maintained by some portions of the ligaments at the articulations. These ligamentous attachments being easily separated with the finger, the entire lower jaw, in one complete piece, was drawn out at the mouth, without any cutting or further procedure. Some slight oozing followed the removal of the bone, but this was soon stopped. In the evening the temperature had fallen to 100°, and the patient was comparatively easy.

20th.—Patient decidedly better. Morning temperature 99·4°; evening, 102°.

21st.—Morning temperature 102·4°; evening, 101·6°. Patient complained much of pain in the region of the right ear, from the external meatus of which fetid pus was seen to ooze. Slight diarrhœa.

22nd.—Morning temperature 102·2°; evening, 102°. Patient very restless, and much weaker. The discharge from the ear and the diarrhœa continued and increased.

23rd.—Patient much worse. Hæmorrhage from the mouth controlled by a styptic. In the evening he became delirious, with all the symptoms of meningitis.

24th.—The patient died, his symptoms having become gradually worse.

Post-mortem appearances.—No necropsy was authorised, but examination of the mouth after death revealed an intense and well-nigh complete disorganisation of the gums and soft textures on the floor of the mouth in immediate proximity to the position of the jaw. The periosteum was swollen and puffy, and in no part that could be felt was there any sign of an attempt to regenerate bone. The contour of the face was preserved. Examination of the jaw itself showed it entirely necrosed throughout its whole thickness. None of the teeth were present, all having dropped out or been extracted. On the left side the germ of the permanent molar was seen.

Remarks.—The interesting features of the case are—(1) the rapid and complete necrosis of the entire lower jaw without any apparent cause; and (2) the removal of the jaw, whole and unbroken, through the mouth. With respect to the latter point, the case is probably unique, no instance having been yet recorded of removal of the entire jaw through the mouth without incision or division of the jaw. There are certainly a few instances on record in which, after division of the symphysis, the jaw has been removed in halves, and other cases have been published in which considerable portions of the entire thickness of the jaw have been drawn through the mouth. Here, however, though the patient's mouth was by no means large, the jaw being carefully separated from its ligamentous attachments, was gently rotated, so as to permit the articular ends to be drawn alternately through the mouth. As regards the first point, it may be remarked that, while necrosis of the lower jaw, as the result of phosphorus-poisoning or some inflammation of a semi- or entirely chronic nature, is not without a place in the history of affections of this bone, total destruction of the entire substance in so short a space of time as twelve days or less from the first noted commencement of the disease, is sufficiently rare to be worthy of note. Not the least interesting feature, too, in the case is the apparent absence of any cause, or at least of any of the more usually recognised causes of necrosis. The most careful questioning failed to elicit any history of injury or cold, though, of course either may have acted in originating the disease, and escaped notice in the consideration of the disease itself. Erichsen (vol. ii., p. 577), while enumerating the ordinary causes of necrosis of the lower jaw—blows, salivation by mercury, syphilis, and phosphorus poisoning,—does at the same time admit that he has "seen the disease occur idiopathically in otherwise healthy subjects without any assignable cause." There is, it is true, a history of carious teeth, and the transition from caries of the teeth to alveolar periostitis and thence to necrosis of the jaw is a not infrequent one, but this state of things seems most usually to coexist with a strumous or scrofulous state of the constitution, and in the present case there is no record of such morbid state. Careful examination, however, yields two or three facts which are interesting, even though among them the real force which set the machinery of disease in motion be not discovered. Heath, in his work on Injuries and Diseases of the Jaws (chap. viii., p. 3), remarks, in speaking of necrosis, that "any ulcerative affection of the mouth may lead to necrosis of the jaw." Now the patient's father stated that the child had drunk from a wayside horse-trough in the village, and suggested blood-poisoning by means of a glandered horse. Glanders certainly affects the mouth in common with the rest of the respiratory tract, but there is no evidence to show that glanders and necrosis of the jaw can be regarded as cause and effect, putting aside the fact of the absence of other symptoms of this form of blood-poisoning. The question then arises: Could the disease have originated in some inflammatory action, leading to ulceration of the tissues of the cheek, and ultimately spreading to the alveolar periosteum? No evidence of any such condition exists. Indeed, the evidence is all in the opposite direction. The swelling of the face, which was certainly great, was subsequent to the severe pain (toothache) in the jaw; and the so-called gumboil, noticed by the father, was situated on the inner side of the gum, and not in apposition to the cheek. There remains yet to be considered the question of the cutting of a tooth of the second dentition; and here a ray of light, if a feeble one, seems to fall upon the case. It will be remembered that the germ of the permanent molar was seen in the jaw, and in connexion with this point the following remarks from Wedl may be quoted:—"Periosteal inflammations occurring during the period of dentition are of special importance, since, with children, inflammatory affections generally run a more rapid course than with older people, particularly in an organ in which development takes place within small limits with comparative rapidity. The more extensive the infiltration of the maxillary periosteum, the greater is the danger that a larger portion of the jaw will become necrosed. Children of a scrofulous or tuberculous habit are more liable to the occurrence of necrosis of the jaws, from the fact that in them the infiltration undergoes a speedy degeneration on account of the rapid proliferation of the elementary organs." Tomes also points out the occurrence of necrosis of the jaw during the period of dentition, particularly where a decayed tooth exists in the mouth and the child is of a scrofulous diathesis. Heath, too, remarks (*loc. cit.*) that "acute periostitis of the jaw may arise in young subjects from the cutting of the permanent teeth." Summing up, then, the facts presented, we have:—(*a*) Absence of usual causes; (*b*) absence of inherited scrofula; (*c*) presence of carious teeth; (*d*) appearance of first molar of second dentition. It is probable, then, that the cause of this interesting case may be found in the fact that the usual inflammation consequent on the cutting of a tooth passed to and affected the carious molar of the first dentition; that so alveolar periostitis was set up, leading to extensive necrosis of the lower jaw. But since most leading authorities lay stress upon the presence ordinarily of some constitutional taint, and since, as Erichsen (vol. i., p. 1061) points out, scrofula not necessarily inherited "most commonly declares itself about the period of the second dentition," it is equally possible to admit that a scrofulous taint, unsuspected and hitherto undeclared, lent itself to the

development of a disease which, notwithstanding the presence of carious teeth of the first and the conjoint cutting of a tooth of the second dentition, might otherwise never have ensued.

ST. VINCENT'S HOSPITAL, DUBLIN.

CASES OF ACUTE RHEUMATISM QUICKLY CURED BY SALICINE; REMARKS.

(Under the care of Dr. QUINLAN.)

THESE cases were reported by Mary Josephine Hannan, ward clerk.

CASE 1.—M. O'N——, wife of a warder in the Dundrum Lunatic Asylum, a strong, well-nourished young woman, aged twenty-six, was admitted on May 21st. She was in a high fever, the temperature being 101·2°, and the pulse 92. She was in great pain, and was sweating profusely. The right knee and right foot were swollen, red, and fluctuating; the left knee was also considerably swollen. She had been ill for three days, the symptoms gradually increasing in severity. She was ordered twenty grains of salicine suspended in milk every two hours, also at once a hypodermic injection of one-fourth of a grain of acetate of morphia.—6 P.M.: Pain somewhat relieved, but temperature had risen to 102·1°. The salicine to be increased to thirty grains every two hours. To repeat the hypodermic injection of morphia at 10 P.M.

May 22nd.—9 A.M.: A rather uneasy night. The left knee and both wrists are swollen, red, and painful. Temperature 103·2°; pulse 104. Considerable perspiration. Patient is unable to move hand or foot. The hypodermic injection of morphia to be repeated and the salicine continued.—6 P.M.: The patient is much relieved. Temperature 102·6°; pulse 96. Not able to move, but not in pain when motionless. To continue the thirty-grain doses of salicine every two hours.—10 P.M.: To take the following draught: twenty grains of chloral hydrate, thirty of bromide of potassium, an ounce and a half of cinnamon water, with a drachm of syrup of orange.

23rd.—9 A.M.: Passed a good night; free from pain, but unable to move. Temperature 102·8°; pulse 108. The salicine to be increased to thirty-five grains every two hours.—6 P.M.: Very much relieved; great fall in the temperature, which is now 101·4°; pulse 100. To repeat the chloral draught. The salicine to be taken during the night, as opportunity arises.

24th.—Passed a very good night; free from pain; temperature 101·6°, pulse 96.—6 P.M.: Going on satisfactorily. Temperature 100·9°; pulse 88. Reduce the salicine to twenty grains every two hours. Repeat the chloral draught.

25th.—Temperature risen to 101·6°; pulse 100. A good deal of pain. To resume the thirty-grain doses of salicine every two hours.—6 P.M.: Temperature 101·2°; pulse 90.

26th.—Greatly improved; quite free from pain. Temperature 99·4°; pulse 78.—6 P.M.: Temperature 99·6°; pulse 76. At 10 P.M., the patient being inclined to sleep, no draught was given.

27th.—Passed a very good night. Temperature normal; pulse 78. Totally free from pain. Twenty-five grains of salicine every three hours.—6 P.M.: Temperature 98·8°; pulse 84. Patient comfortable and free from pain.

28th.—Temperature normal; pulse 76. Able to move limbs slightly. Swelling of joints beginning to diminish. Thirty grains of salicine every four hours.

During the 29th, 30th, and 31st the pulse and temperature continued normal, and the articular swelling disappeared.

June 1st.—Patient able to sit up in bed. To continue the thirty-grain doses of salicine three times a day.

4th.—Patient convalescent and able to get up. To continue the salicine night and morning for a week.

CASE 2.—M. M——, aged thirteen, a schoolgirl, was admitted on June 10th, suffering from acute rheumatic symptoms. She was very feverish; temperature 101·1°; pulse 92. Right knee swollen, fluctuating, and painful, but not red. Could not move the right foot, which was somewhat swollen; sweating a good deal. Ordered ten grains of salicine every third hour.

June 11th.—Rather better. Right knee and foot in the same condition. Temperature 100°; pulse 88. Perspiration ceased. Had slept well. To continue salicine.

12th.—Greatly improved. Temperature 99·4°; pulse 84. Able to move the right knee and foot a little.

13th.—Had slept well. Temperature and pulse normal. Able to move the right leg freely. Ordered to sit up in bed, and to continue the salicine three times a day.

15th.—Convalescent. To get up. To continue the salicine night and morning for one week.

Remarks.—The first case was of a very acute type, and increased in severity after the patient's admission to hospital. The temperature, the pulse, and the symptoms generally were kept in complete control by the salicine, the administration of which was strictly regulated by the clinical thermometer. Under the old methods of treatment it would probably have run on to five or six weeks, and possibly might have been attended with cardiac complications. In the present instance complete relief was obtained in a week and convalescence in a fortnight. The heart was carefully examined with the stethoscope morning and evening with a view to the early detection of any heart lesion, but nothing of the kind was met with. From the fact of the patient lying perfectly quiet in the horizontal position, and being more or less under the influence of morphia (to gain time while the salicine was acting), cardiac mischief might advance to a considerable extent without the patient noticing any difficulty in this respect. To prevent relapse the salicine was continued for three weeks after convalescence; first, three times, then twice, and finally once a day. The second case was of a mild character, and presented no difficulties in treatment. There is no doubt, however, that its progress was considerably abridged by the salicine treatment, which appeared at once to control the rheumatic symptoms, which in the beginning were, as far as the right knee was concerned, rather severe.

Medical Societies.

ACADEMY OF MEDICINE IN IRELAND.

Intra-uterine Polypus.—The Curette in the Diagnosis and Treatment of Intra-uterine Disease.—Labial Hæmatoma.

A MEETING of the Obstetrical Section was held on May 7th.

Dr. BYRNE exhibited a small intra-uterine polypus lately removed from a pluripara, aged thirty-seven, under his care in St. Vincent's Hospital. The dilatation of the cervical canal was commenced with sea-tangle tents and finished by Hegar's dilators, and the polypus removed by an écraseur.

In the adjourned discussion on Dr. W. J. Smyly's paper on the Curette in the Diagnosis and Treatment of Intra-uterine Disease, Dr. ATTHILL said that some years since he had been stoutly opposed to the use of the curette. Now, however, he had changed his opinion, as well as others which he formerly entertained. He now looked on the curette as a most useful instrument, and freely employed it in many cases. The principal question was, ought they to use the curette as a diagnostic means without previous dilatation of the uterus, or ought they to dilate the uterus first and use the curette afterwards? He believed, however, that the instrument was appropriate only to a certain proportion of cases. If the patient were a woman who had had several children, and who had a patulous cervix through which a finger could be thrust, and if she were suffering from a thickened and unhealthy mucous membrane, a small curette might be introduced without any anæsthetic, and the bleeding part removed. Generally, there should be dilatation first and then the use of the curette; but there were cases in which the curette, without previous dilatation, as a diagnostic process, was justifiable and advisable. In many cases it was impossible by any digital examination to ascertain what was the exact condition of the fundus. He believed that, for twenty years, in no case in which there was hæmorrhage, and in which he found no polypus, had he applied nitric acid without first using the curette. He agreed with Dr. Smyly that the curette *per se* was safer than dilatation. With a soft cervix dilatation was perfectly safe, provided antiseptic precautions were used. But there was danger in dilatation if attempted rapidly with a rigid cervix, neglecting antiseptic precautions. Most serious symptoms resulted from attempts to dilate the uterus where there was an exceedingly rigid cervix. He would

almost prefer to divide the cervix in such cases. Dr. Smyly objected to the use of powerful caustics, for three reasons—namely, that they necessitated previous dilatation, that their action was rendered uncertain by the discharges, and that they destroyed the tissues. But for many years he (Dr. Atthill) had used nitric acid very generally without dilatation; and whenever he used the curette his practice was to apply nitric acid or some other agent at the end of four or five days, and through a cannula. He now frequently used intra-uterine injections, usually iodised phenol or iodine, though in his earlier lectures he denounced the introduction of any fluid into the uterus.—The PRESIDENT said there appeared to be a general concensus of opinion in favour of using the curette in the manner recommended by Dr. Smyly. Nevertheless, he wished to say that he dissented from the views which Dr. Smyly had so temperately put forward. He was of opinion that the curette was a very dangerous instrument and liable to great abuse, and one from which no diagnostic information could possibly be derived. He could see no therapeutic or diagnostic advantage to be derived from scraping a mucous membrane with the curette. Was such a therapeutic agency recommended in the case of any other mucous membrane in an inflamed state by way of soothing or relieving the inflammation? If the mucous membrane of the bladder were in a state of inflammation, he could not conceive that it would be relieved by scraping. He thought that recovery in the cases in which the curette had been employed had taken place in spite of its use, and that the beneficial results were due to the additional treatment that had always been adopted.—Dr. NEVILLE said he concurred in Dr. Smyly's views as to the curette. There was considerable experience of the utility of scraping other mucous membranes besides that of the uterus. The scraping of granular eyelids was an old and very efficient practice. Such treatment was founded on rational grounds, and the amount of success which had attended it proved that it was good.—Dr. SMYLY, in reply, said the points he laid stress on were the use of the curette in diagnosis, and its use as compared with other methods of treatment. Dilatation was not necessary in every case before applying the curette, although it might be in cases where polypus existed. The great majority of cases of hæmorrhage were connected with disease of the mucous membrane, and diagnosis by the curette should be limited, as far as possible, to the mucous membrane. He believed the curette to be a more accurate instrument of diagnosis than the finger. In all the cases mentioned in his paper he meant to convey that he removed mucous membrane.

Dr. DILL read a communication on a case of Labial Hæmatoma. The patient was a primipara, aged twenty-one, and her labour had been completed without artificial aid. Shortly after delivery her medical attendant noticed a rapidly growing tumour in the right labium. This tumour, when seen by Dr. Dill an hour subsequently, had attained a size somewhat larger than that of a large fœtal head. On the internal surface of the tumour—i.e., within the vulva—the finger came upon a thin membranous covering which immediately ruptured, exposing a huge cavity filled with a quantity of clotted blood. After removal of the clots the cavity was filled with pledgets of lint soaked in carbolic solution, and the whole made as secure and comfortable as possible. No further hæmorrhage resulted, and the patient gradually rallied from the shock, which had been very severe. The ecchymosis resulting from this hæmatoma extended round the buttocks, and as far down the right thigh as the knee: it also spread over the abdomen on both sides as high as the level of the umbilicus, and on the right side almost into the axilla. Frequent changes of dressings were required at first, and much comfort was afforded by hot stupes and poultices. Hot antiseptic irrigations were employed twice daily, and the patient rapidly gained ground after the first fortnight, being finally completely restored to health. Dr. Dill had seen several cases of labial hæmatoma in his practice, but never one of the size recorded, nor one which had caused such severe symptoms in the way of pain and collapse.—Dr. Atthill said these cases were generally divisible according as the blood was entirely poured out into the labial tissues, or those in which the hæmatoma burst and profuse external hæmorrhage ensued. Dr. Dill's case, he thought, was one of the former class, in which the blood was poured into the soft parts and coagulated there. It was remarkable for the very unusual size attained by the resulting blood-tumour.

FORFARSHIRE MEDICAL ASSOCIATION.

THE twenty-ninth annual meeting of the members of this Association was held on the 8th inst. at Montrose Asylum, when office-bearers for the ensuing year were chosen as follows:—President: Dr. Lawrence (Brechin). Vice-Presidents: Dr. John Mackie, jun. (Brechin), and Dr. Greig (Dundee). Secretary: Dr. Stalker (Dundee). Treasurer: Dr. Reid (Dundee).

Dr. HOWDEN then read a paper on Hospital Sanitary Arrangements, which he illustrated by means of several excellent diagrams. The author, at the outset, remarked that he did not propose to discuss hospital sanitation generally, his object being to draw attention to defective sanitary arrangements which might exist in hospitals and asylums, and to point out how these might be remedied. He thought he might safely affirm that no hospital or asylum built twenty or more years ago would, in its original arrangements, be found to be altogether in accord with modern sanitary views. To illustrate the errors that were committed thirty years ago he need not go beyond the walls of that institution in which they were met, though he thought it not unlikely that errors of a similar nature might be found to exist in other institutions of a similar date. The introduction of water into a dwelling was not always an unmixed good, and had, indeed, owing to the ignorance of the architect or the carelessness of workmen, often been followed by serious evils to the health of the inmates. Even to this day architects were fain to conceal water-cisterns in dark and most inaccessible parts of the roof. Pipes of all kinds were hidden from sight, and too often sewer drains were brought under floors and joined with soil-pipes in situations where they could have no security that the connexions were properly closed. Situated as Montrose Asylum was, at a distance from any general system of town drainage, utilisation of the sewage by irrigation or precipitation was almost a necessity. Irrigation as carried on thirty years ago implied the collection of the sewage in a large cesspool, whence the more liquid part of it was pumped on the land. As was the practice, they made a large cesspool, into which the sewers were run directly without any attempt to trap or disconnect them from the house. Sewage, when conveyed directly to the land in well-ventilated drains, was almost odourless, because it had no time to undergo decomposition. A very different material, however, was sewage when allowed to become stagnant in a cesspool, where it undergoes changes involving the liberation of sewage gas, which, in their case, found its way into the house whenever there was a defective drain. In laying the original drains several mistakes were made. The pipes were much too large—12 inches in diameter,—so that they could never be properly flushed. The work was done carelessly by a contractor, who sometimes neglected to allow a proper fall for the pipes, and often left lumps of cement projecting from the inside of the facet, so as to obstruct the passage of solid matters. Connexions and disconnexions were often incomplete, joints were left open, and pieces of old drains now disused were not removed. Drains of all kinds passed from the back of the building to the front, intercepting in their course soil-pipes inside the building. The main soil-pipes, which were of lead, were closed in recessed flues in the wall, and, as was afterwards discovered, the slip joints were in some cases not even closed. Not unfrequently the branch pipes were not trapped, so that they formed efficient ventilators to the drains into the wards. Some of the w.c. traps were conducted into a horizontal lead soil-pipe, which was unventilated, and as a consequence the sewer gas perforated the upper portions of it; but as the whole arrangements were carefully boxed in, no one was the wiser save for the bad smells and the abundance of rats which swarmed in all directions. After detailing the improvements which of late years have been made in the drainage of the institution, Dr. Howden proceeded to review the interior arrangements, in the course of which he remarked that with regard to concealed pipes, it was well known that water-pipes were often cut by rats, and the plumbers' theory was that they gnawed the pipes, to get at the water. That he believed to be quite a fallacy. They did not require to leave their drain in search of their favourite beverage. They cut the water-pipe simply because it obstructed their passage, and so, in like manner, if it happened to be a gas-pipe which was in their way they would cut it, thereby causing unknown waste of gas, and

infinite risk from fire; for the gas, unlike the water, did not show itself, but found its way up the back of the plaster to the roof, or passed under floors and even into chimneys. In concluding, the author said he considered it of the utmost importance that the managers of every hospital and asylum should possess an accurate plan of the sewers, drains, and other sanitary arrangements of the institutions under their charge. Without that he knew from experience that alterations made to remedy evils often multiplied and aggravated them, and as one generation of officials passed away so did much valuable knowledge, unless it was carefully recorded on an accurate plan. Of late years public attention had been thoroughly aroused to the dangers of defective sanitary conditions in private houses. Sanitary inspectors had been appointed, sanitary associations formed, and sanitary institutions established; engineers and plumbers vied with each other in the contrivance of clever sanitary appliances; even architects were beginning to recognise the fact that their customers nowadays actually expect that a house shall be a healthy dwelling; and it was not too much to expect that the medical profession, which had always led the van in sanitary reform, should require that their patients, when congregated together in large numbers under one roof, should have the full advantage of those healthy surroundings which were considered so important in private dwellings.

The members of the Association were afterwards entertained to dinner by the directors of the asylum, when between fifty and sixty gentlemen sat down, Dr. Howden presiding.

Reviews and Notices of Books.

A Manual of Surgery. In Treatises by Various Authors. Edited by FREDERICK TREVES, F.R.C.S., Surgeon to, and Lecturer on Surgery at, the London Hospital. In Three Volumes. London: Cassell and Co. 1886.

THE three small, handy volumes of which this work consists are the result of the labours of no less than thirty-three writers, including the editor. All of them are surgeons more or less known to the profession as authorities on the subjects of which they treat, or whose names are guarantees of the excellence of the treatises written by them. The volumes contain about six hundred pages, and each is the size of the clinical manuals issued by the same firm of publishers. From the size of the volumes it has evidently been difficult for the writers to limit their treatises to the number of pages allotted to them; some of the treatises, in fact, appear to be abridged from works already written by the authors, which occupy the space of one of the volumes of the Manual. The title of the work is somewhat misleading until the preface has been read. There it is stated that "the three volumes of which it is composed are concerned mainly with the clinical, diagnostic, and therapeutic aspects of surgery. The general principles of operative surgery are dealt with, but the technical details of the various procedures are omitted, with the exception of such as concern what may be called special operations—namely, tracheotomy, gastrostomy, nephrectomy, ovariotomy, and the like. In similar manner, pathology is discussed only in so far as it affects the clinical phases and the intelligible treatment of surgical disease." As this is a Manual of Surgery intended for the use of the student and the practitioner, it would have been better to have included information regarding the operations ordinarily required sufficient to have enabled the former to pass his examinations and prepare himself for practice, and the latter to go for reference when in any doubt as to the special operative treatment of any particular case under his care. As it is, the use of this Manual must be supplemented by at least two others—one on pathology and the other on operative surgery. Looking at the work from the standpoint given in the preface, we acknowledge that the treatises are well, though unequally written, as might be expected. Indeed it would be almost impossible to find at present any work in which the subjects treated of are written more clearly or concisely.

The first volume contains treatises on the process of repair, general injuries and their results, wounds, contusions, abscesses, ulcers, gangrene, the general principles of operative surgery, anæsthesia, shock, tetanus, erysipelas, pyæmia and septicæmia, traumatic fever, hectic, gunshot wounds, the effects of heat, traumatic delirium, hysteria, scrofula and tuberculosis, rickets, hæmophilia, syphilis, gonorrhœa, tumours, injuries and diseases of bloodvessels, aneurysm, injuries and diseases of the lymphatics and nerves, surgical affections of the skin, scurvy, and animal poisons. The first paper is on the process of repair. It contains also a short account of the germ theory and the general principles of antiseptic treatment. It is clearly written, with the exception of the following paragraph, which requires alteration, as in its present form it hardly conveys the right impression:—"An injury is the result of the application of an irritant. The irritant may be applied directly to the part or indirectly. In the latter case it acts through the nervous system. For example, abscess of one of the cervical glands may result directly from a twist or strain of the neck, or *indirectly* from the irritation of a carious tooth, one of the commonest causes of abscess in that region. Or, again, a swollen testicle may result directly from a blow, or *indirectly* from a gonorrhœa." The italics are ours. Ten pages only are given to the general principles of operative surgery, which is treated of in a practical manner. We wish it had been a longer paper. Surely it is hardly necessary to devote nearly six pages in the third volume to the subject of extraction of teeth, when only ten are given to such a wide subject as operative surgery. The paper on anæsthesia is complete, and we agree in the main with the author, but advise the use of ether in routine practice for the adjustment of fractures. Those on syphilis, tumours, injuries and diseases of the bloodvessels, and aneurysm are good and practical, the one on the circulatory system being especially clear and well arranged. The absence of illustrations in the article on tumours detracts from the value of the paper, and contrasts with the article on animal poisons at the end of the volume, where there are several. The part which treats of injuries and diseases of the lymphatic and nervous systems will be read with pleasure. In the latter is a good account of Charcot's disease.

The second volume treats of fractures, but we note that fractures of the skull, spine, and ribs are dealt with in the injuries of the special regions to which they belong. The author dwells upon the treatment of fractures of the lower extremity by plaster-of-Paris splints; this is important, as they are coming into such general use. Diseases of the bones occupy about fifty pages; we dissent from the author, however, when he says that in the osseous lesions of congenital syphilis local treatment is uncalled for, the treatment by splints being so often necessary to give the part rest, and to prevent deformity. Injuries of joints, including dislocations, and diseases of the joints, take up space which is carefully and well utilised. In the description of the latter the author discusses some of those affections of the joints usually described as medical—e.g., gout and rheumatism,—which are apt to be forgotten by the practitioner when they affect one of the larger joints. Several of the illustrations in the work might with advantage be omitted in the next edition, and this remark applies especially to one which is found in the article on orthopædic surgery, "Talipes Calcaneus: the Foot before and after section of the Tendo Achillis." It is misleading and confuses the student, who would be apt to get the impression that that is the proper treatment of the deformity. Injuries and diseases of the head, spine, and neck are discussed, and the volume ends with papers on diseases of the nose, ear, and eye, which are tersely and well described. We notice that the author of the paper on

diseases of the neck arranges goitre into congestive and neoplastic, not following the usual classification.

In the third volume we find clearly written treatises on the surgery of the chest, affections of the mouth, palate, tongue, and tonsil (the latter opens with a clear description of the way in which malformations of the mouth and neck arise), diseases of the jaws, dental surgery (in which article we should like to have found more information regarding the temporary treatment of painful conditions so often met with in general practice), injuries and diseases of the œsophagus and abdomen, hernia, diseases of the rectum, breast, genito-urinary organs, and kidney. The treatise on hernia is thoroughly and clearly put together; that on the female generative organs, one of the articles written by the editor, is marked by characteristic excellence. The other articles, especially that on the kidney, contain in a condensed form the latest views on the subject, both from a clinical and an operative standpoint, and in that on the kidney the author is permitted to describe the operative treatment of the diseases on which he has already written.

At the end of each volume there is a short index, that at the end of the third including those of the first two volumes. The editor has had a difficult task to accomplish in the production of this work, and we congratulate him on the successful result.

OUR LIBRARY TABLE.

A Manual of Medical Jurisprudence. By ALFRED SWAINE TAYLOR, M.D., F.R.S. Eleventh Edition. Edited by THOMAS STEVENSON, M.D. Lond. Pp. 837. London: J. & A. Churchill. 1886.—That the above manual has reached the eleventh edition is in itself trustworthy evidence of its intrinsic merit and the favour in which it is held by the profession. The lamented death of its illustrious author has necessitated that the work of revision should fall into other hands, and, fortunately, the publishers have been able to secure the aid of Dr. Stevenson, whose practical acquaintance with the subject, especially in its toxicological aspect, is recognised and appreciated by practitioner and student alike. The style of the book remains unaltered, but many passages have been condensed, obsolete ones have been omitted, and "much additional matter has been introduced." We notice a succinct account of the Lamson case of poisoning by aconitine. Had the edition been delayed in its appearance for a short time, it would doubtless have contained a history of the trial (reported in this journal) which recently took place at the Old Bailey, where two persons were indicted for having compassed the death of a third by means of *liquid* chloroform. In the "List of Cases Cited," a ready aid to the reader, as it is separate from the general index, no mention is made of the "Euston-square Mystery." This is to be regretted, since the case, amongst other features of forensic interest, furnished valuable evidence on the question of personal identity. From a careful perusal, we can say without hesitation that we know of no similar work in our own or any other language in which the practical as distinguished from the theoretical aspect of the study of medical jurisprudence is handled with the same aim and attainment. The description of the methods of procedure to be followed for the collection and rendering of evidence is especially good.

What is Consumption? By G. W. HAMBLETON. London: J. and A. Churchill. 1886.—The answer supplied by the author of this *brochure* to the question stated in its title is a simple one. He rejects one after another all previously accepted theories upon the nature of phthisis, from the bacillus backwards, and arrives at the conclusion that the essential underlying cause is diminished pulmonary capacity induced by artificial modes of life, sedentary occupations, tight clothing, and the like. In his view, then, consumption is not only an acquired disease, but one which by due attention to the conditions favouring natural physical development might be eradicated. The very simplicity of the doctrine constitutes its chief attraction, and as the thesis is maintained with commendable brevity our readers might do worse than make themselves acquainted with it. The author himself is very strongly impressed with the truth of his doctrine.

An Account of a West Indian Sanatorium, and a Guide to Barbadoes. By the Rev. J. H. SUTTON MOXLY, Chaplain to the Forces. Pp. 209. London: Sampson Low and Co. 1886.—This volume was written in anticipation of the Indian and Colonial Exhibition, the author being desirous of bringing to notice "the great salubrity of the island, and the beneficial effects on invalids of a brief visit to the place." It appears to be a good guide-book to the various places worth visiting in the island, but we have failed to find in it any information which would justify the recommendation of Barbadoes as a sanatorium, beyond the statement of the author that he has convinced himself "of the wonderful salubrity of the island, and of its peculiar fitness, especially during the winter months and those of spring and early summer, as a place of resort for invalids suffering from pulmonary or throat affections, or from general debility." He also asserts that it is the healthiest station at which British troops are quartered, a statement which we believe to be quite incorrect. His own description of the sanitary condition of the island is by no means reassuring. "There is no system of drainage in Barbadoes outside the garrison. Bridgetown itself is undrained; old-fashioned cesspits serving, or being supposed to serve, to convey the sewage, by infiltration, to the sea." In the country districts matters are still worse, for the water-supply is derived from wells and from surface streams and ponds "whose condition is often loathsome." The author states, however, that active measures are now being taken to ensure an abundant supply of pure water being brought within reach of every household. The state of the profession in Barbadoes is eminently unsatisfactory. Speaking of the medical practitioners, our author says: "There are many mere charlatans; men who, having spent their youth behind the counter of a general store or in similar employment, have gone to America for a few months, and, returning with 'bogus' degrees, or, those of some unknown 'college,' set up as physicians and surgeons, and trade chiefly upon the simplicity of the lower classes and negroes." By an Act which was recently passed, a three years' course of medical study is required before anyone is allowed to practise, "but the terms of the Act are somewhat lax and indecisive as to what constitutes a course of study of medicine"; it is, however, a step in the right direction. We regret to observe that the author does not appear to have appreciated the value of an index to his work.

New South Wales and Victoria in 1885. By DOUGLAS M. GANE. Pp. 207. London: Sampson Low and Co. 1886.—We cannot say that this volume has added to our knowledge of the Australian colonies. A chapter on "Australia, and the Voyage thither, considered in regard to Consumption," appears to have been written under the impression that it is by no means unusual "carelessly" to advise invalids in an advanced stage of consumption to take a voyage to Australia in the hope of regaining health. If this impression were correct the somewhat sensational description of the risks and discomforts of the voyage under such circumstances might do good; but, as we believe it to be quite erroneous, we can only regret that the author did not take a little trouble to ascertain the truth before bringing a charge of ignorance and carelessness against the profession. The chapter on "Fortune-seekers and their Chances" may be read with advantage by any young men who think of emigrating to Australia with the notion hat fortunes are made there

more easily than they are at home." The most interesting chapters in the book are the last two, which treat respectively of sport on the Blue Mountains of New South Wales and on the plains of the interior.

El Himen en México. Estudio hecho con unas Observaciones presentadas en la Cathedra de Medicina Legal en la Escuelade de Medicina el año de 1882. Por FRANCISCO A. FLORES. (The Hymen in Mexico. A Study with Observations made in the Chair of Forensic Medicine in 1882.)—Dr. Flores finds that the organ in question varies in form according to the age of the individual. Thus the labial form occurs in 35 per cent. under ten, and in 26 per cent. above that age; while the annular form occurs in 32 per cent. both of cases under and of those over ten years of age. The semilunar form is found in 16 per cent. under ten and 24 per cent. above ten; the fringed in 2 per cent. under ten and 5 per cent. above ten; the horse-shoe form in 2 per cent. under ten and 5 per cent. above ten; the various anomalous forms described by the writer as biperforate, imperforate, operculated horseshoe, trifoliate, multifoliate, and corolliform, were found in 10 per cent. under ten and in 4 per cent. above that age. His theory is that the membrane is originally formed from the two oviducts, and is always in the first instance entire, reabsorption subsequently taking place, usually commencing at the junction of the two primitive halves, and continuing to progress till puberty or even beyond it. The anomalous forms are, he thinks, due to a twisted condition of the primitive tubes, which causes the line of junction to be directed obliquely with reference to the middle line of the body. The work is written in a fairly scientific spirit; but some of the plates might surely have been made somewhat less realistic without detracting from their technical value for questions of a medico-legal nature.

A Manual of the Diseases of the Eye. By C. MACNAMARA. Translated into Bengali by LAL MADHUB MOOKERJEE, L.M.S., F.C.U., Teacher of Ophthalmic Medicine and Surgery in the Campbell Medical School. Calcutta, 1885.—The appearance of this work must be regarded as a high compliment to Mr. Macnamara, and no doubt he will consider it to be so. It will at least serve to spread a knowledge of sound medicine and surgery as applied to the eye amongst the natives of India, and will enable them to judge of the advantages of European knowledge and skill over the rude methods we believe to be still in use in many of the more remote regions.

Handbook for Medical Officers of the Army. By J. BUCKLEY, Q.M., Medical Staff Corps. Pp. 47. Aldershot: J. May. 1886.—This is a small work compiled by the adjutant at the depôt of the Medical Staff Corps at Aldershot, which must be very useful as an *aide-mémoire* to the army medical officers. It gives in the smallest possible space the necessary instructions respecting squad, company, battalion, and stretcher-bearer drill; questions on military law, discipline, &c., and a summary of Section 3 of the medical regulations. It has been drawn up entirely from official sources, and contains a great amount of useful information in a very condensed form. It cannot fail to prove a useful departmental handbook.

The Journal of Physiology. Edited by MICHAEL FOSTER. Vol. VII., Part 3. Cambridge Scientific Instrument Company's Works, St. Tibb's-row, Cambridge—This part contains—(1) Bayliss and Bradford on the Electrical Phenomena accompanying Secretion in the Skin of the Frog; (2) J. W. Barrett on the Distribution of Bloodvessels in the Retinæ of Mammals; (3) C. A. MacMunn on the Presence of Hæmatoporphyrin in the Integument of Certain Invertebrates (with a plate); (4) M. Greenwood on the Digestive Process in some Rhizopods; (5) S. Politzer on Curara (with a plate), and also on the Physiological Action of Peptones and Albumoses.

Cookery for the Sick and Convalescent, with directions for the preparation of Poultices, Fomentations, &c. By BARBARA THOMSON. Pp. 76. Edinburgh: Blackwood. 1886.—This small book will, we believe, be found very useful, containing as it does a large number of receipts, with full and clear instructions for the preparation of appetising and nourishing food for the sick and convalescent. It has evidently been drawn up with care, and is the work of an experienced hand. We would suggest, however, that in any future edition it would be advantageous, especially where wine and other stimulants are concerned, to substitute the number of ounces for the variable and indefinite quantity of a teacupful or wineglassful. In the receipt for calf-foot jelly we find it stated that "brandy may be substituted for the sherry, or half of each may be used," without any intimation of the quantity of the more potent stimulant which would represent the "half an English pint of sherry" previously ordered. It would also be an improvement if the amount of jelly to which the wine is to be added were stated, as at present it appears to be rather indefinite. The "hints for those who provide for the sick" are excellent, and there is a good index to the book.

The Birmingham Medical Review, June, 1886. Edited by ROBERT SAUNDBY and ARTHUR FOXWELL.—Dr. W. Leah thinks that general paralysis of the insane is a kind of system disease of the brain, and advocates its essential ganglionic origin as opposed to the interstitial view. Dr. Suckling writes on amblyopia due to cortical disease. The various reports on diseases of the digestive system, abdominal and pelvic surgery, surgery, medical pathology, and therapeutics, which have characterised the past few numbers of this Review, deserve to be commended as decided steps in the right direction; the brevity of the notes will suit the scanty leisure of general practitioners.

Vorlesungen über Pharmacologie. By Dr. C. BINZ. Third Part. Berlin: A. Hirschwald. 1886.—This is the concluding part of Dr. Binz's work on Pharmacology. It deals with bismuth, silver, mercury, antiseptics, quinine, salicylic acid, resorcin, kairin, thallin, prussic acid, anthelmintics, fatty oils, glycerine, gums, &c. The work is of the most laborious and exhaustive kind, and is sure to meet with the success it deserves.

New Inventions.

A MIDWIFERY SATCHEL FOR THE SADDLE.

PERHAPS a description of a leather case for midwifery instruments and bottles, which I have recently had made for myself, will be of use to some country practitioners who do most of their work on horseback. The case is made of the best pigskin, and is fifteen inches long by eleven inches in circumference; it is oval at the ends, and is closed by three straps, and attached to the front of the off-side of the saddle by two encircling bands of leather. Its contents are as follows:—One three-ounce bottle of chloroform, two one-ounce bottles containing ergot and turpentine, one half-ounce bottle of Bonjean's solution of ergotin for subcutaneous injection, a small bottle of Savory and Moore's gelatine discs of morphia, hypodermic syringe in case, a pair of probe-pointed scissors, a book of curved needles with stout silk sutures, a Higginson's syringe with vaginal pipe, a gum-elastic catheter, and a pair of Simpson's long forceps. All the instruments and bottles fit in perfectly, and can be taken out for use as quickly as from the ordinary obstetric bag. It is not at all in the way when riding. The case was made for me by Mr. Bowden, saddler, Medbourne, near Market Harborough.

GEORGE D. MACKINTOSH.

Hallaton, Uppingham, July 12th, 1886.

THE LANCET.

LONDON: SATURDAY, JULY 24, 1886.

AN action recently brought by a gentleman in Huddersfield against the Mayor and Corporation of that borough, in their capacity as suppliers of the public water-service, has been three times before a court of law, and has recently terminated in a judgment delivered in the House of Lords, which, for the time being, decides an important question in connexion with the responsibilities attaching to water companies. The case will be known as that of MILNES *v.* the Mayor, &c., of Huddersfield; Mr. MILNES bringing his action against the defendants for injury to his health by reason of lead-poisoning, due to lead contained in the water as supplied to his house from the public service. No question whatever arose as to the fact that some special solvent of lead had acted upon the lead service-pipes and had produced the results in question. But the Corporation denied that they had any responsibility as to any results which were brought about by the service-pipes, their Act of Parliament simply requiring them to lay down pipes in every part of the town, and to deliver by means of these pipes a supply of pure and wholesome water sufficient for the domestic use of all the inhabitants, and to furnish such supply to any inhabitant for his domestic purposes. Their duty ended, they contended, when they kept in their mains such a supply as was specified, and if injury happened to the water after it left the mains, by reason of the use of lead service-pipes or otherwise, the responsibility for any resulting mischief could not rest with them. This view had already been upheld in two courts of law, and against it Mr. MILNES appealed to the House of Lords. Lord SELBORNE and Lord WATSON would have reversed the decision, but the majority of the Court were in favour of upholding it. Indeed, Lord SELBORNE took a common-sense view of the subject—a view, however, which in the opinion of the majority of the law lords was not strictly the legal one. He contended that the object of all Water Acts was that the consumers should be supplied with water fit for drinking, and not with a substance that might be poisonous to those consuming it; and also that the Legislature must have contemplated the introduction and supply of water into the houses of the consumers by the usual means—namely, by service-pipes passing from the mains into the interior of the dwellings. And if water could not pass through those various means of supply without becoming poisonous, it could not be regarded as fulfilling the primary objects for which the supply was required. It is true that the legal property in the service-pipes vested in the consumer, but, as Lord SELBORNE stated, this was a matter of but trivial importance unless the consumer was free to decide the material of which they were to be made. But unfortunately the service-pipes under the general Act, though laid down at the cost of the consumer, were to be of a strength "and material approved by the undertakers, and to be laid down under the superintendence of their officers." And so also, by the special Act for Huddersfield, absolute power was given to the Corporation as undertakers to "prescribe the size, nature, strength and materials," &c., of all consumers' pipes. The respondents maintained their rights of control under these Acts, and they exercised the powers vested in them by prescribing lead as the necessary material for the service-pipes; in fact, they themselves supplied and laid down the lead pipes. Under these circumstances Lord SELBORNE maintained that the Corporation had failed to fulfil their statutory obligation affording a wholesome water for the consumers—and this although the water in the public mains was admittedly wholesome and free from lead.

But, as already stated, the majority of the Court held a different opinion. Lord BRAMWELL contended that the water as supplied by the undertakers to the complainant was from the main; that the water as delivered from that main by the Corporation was wholesome, as required; and that if anything went wrong with it afterwards, it was not the fault of the defendants' water, but that of the consumer's pipe. And so it comes to this, that although a water company can under bye-law deprive the inhabitant, at whose expense they carry out the plumber's work, of all discretion as to the materials of which his service-pipes are to be made, yet they may disclaim all responsibility for any untoward results following on their action in this matter. This must now be regarded as being the law on this subject, and the only remaining remedy is to get the law altered.

The Huddersfield case presents, quite apart from its legal aspects, several very interesting phases. The methods by which soft waters occasionally, and at times at long intervals, suddenly acquire the property of taking up lead in quantities sufficing to produce symptoms of plumbism, are still very obscure, but it is probable that in the case of some waters derived from moor-land, the formation of the acids leading to this result may be due to the decomposition, under certain exceptional conditions, of vegetable matters. Several such cases have recently occurred, and we may shortly have an opportunity of referring to this aspect of the question.

SINCE the unusual course followed by the head master of the Charterhouse School in the case of Mr. CARRITT'S son was brought to public notice, a number of letters have appeared on the subject. But although they have cleared up some points, they still leave others in an unsatisfactory state. It appears that the house master of the boy retained him in the house contrary to the wish of the medical officer of the school; but the reason for this seems to have been that the infirmary was already occupied by some cases of measles, and we presume it was considered that less risk would be run by isolating the boy in the master's house than by introducing such a case among the boys in the infirmary. The isolation is stated to have been as complete as it could have been made under the circumstances. One of the masters, Mr. PAGE, has written what he doubtless considers a defence of the school, and so it is as regards some statements which appeared under the signature of "Censor"; but he has not attempted any explanation of the silence of the house master regarding the cases of diphtheria, when he told the boy to write about the existence of measles in the house. Nor has he said anything in defence of Dr. HAIG-BROWN'S decision in

forbidding the return of the boy to the school if taken home from the house in which the cases of diphtheria had occurred, and where one of the convalescents was still resident. The removal of the boy may have been deemed to have arisen from over-anxiety on the part of Mr. CARRITT; but it was surely an over-anxiety which, under all the circumstances, deserved some consideration on the part of the head master.

Until the receipt of Dr. C. HAIG-BROWN'S letter, published in another column, and which arrived as we were going to press, we were left without any satisfactory information as to whether the prevalence of this diphtheritic affection (for we must include under this term the cases also of sore-throat) was confined to one or more houses, or whether it was general over the school; nor has anything been said with regard to an inquiry into its causes and the means to be adopted to prevent its recurrence, beyond the general statement by Mr. PAGE that "the steps which are being already taken with a view to the thorough examination of all the houses and the remedying of any defects will, it is hoped, ensure even greater healthiness in the future." That some such inquiry was much needed is obvious from the remark made by Sir ARTHUR CLAY that "the real trouble is the defective drainage of a portion of the school, and until this is remedied constantly recurring outbreaks of disease may be expected. The question has long been under discussion, but no effective action has been taken."

It is very satisfactory to find that general testimony is borne to the zeal and efficiency of Dr. CLARENCE HAIG-BROWN, the medical officer of the school. But the discussion has given rise to some important questions regarding the position held by the medical officer of a public school, the responsibility which should attach to the appointment, and the power with which he should be invested. It appears that at the Charterhouse School the nomination of the medical officer rests with the masters. This is clearly a mistake; he ought to be entirely independent of them, as he may frequently have occasion to interfere with the arrangements which they have made, and which he may consider likely to prove injurious to the boys. He should be selected for the post by the governors, to them alone should he be responsible for the manner in which he discharges his duties, and to them he should have the power of a direct appeal when his recommendations are neglected or over-ruled by the masters; nay more, we think he should be bound to report every such case. This would have the double advantage of causing him to exercise a judicious caution in making recommendations, while it would at the same time tend to prevent any unjustifiable opposition on the part of the masters. The Council of the Medical Officers of Schools Association has drawn up a code of rules for the prevention of infectious diseases in schools. We are not prepared to say that we think these ought to be adopted in all public schools, but it would be most desirable that the medical officer of each school should draw up a code of rules for the medical service of that one to which he is attached, and that he should obtain the sanction of the governors to its adoption, with instructions to report to them any neglect or refusal to comply with it. We feel that it would be useless to ask for autocratic power to carry out his views with regard to the sanitary arrangements of a school, or any such public establishment; but his position should be clearly independent of the masters, and free from all risk of interference on their part, while he should have it in his power to appeal for support, when he deems it necessary, to the governing body, from whom his appointment should emanate, and to whom alone he ought to be responsible. He should be required to make periodical reports on the health of the boys, and invariably to include remarks on the sanitary condition of the school and of the houses, and suggestions for any alterations or improvements which he may consider advisable from a sanitary point of view in the interests of the boys.

EVERY student of medicine knows, when he is questioned on the subject, that there is no hard-and-fast line between the normal and the abnormal; that physiology runs into pathology. It is a mistake to describe life as a very slight process of inflammation, though in a certain curious fashion it may be so considered. Normal nutrition contains within itself the elements of inflammation, which is, in fact, an exaggerated and perverted condition of healthy tissue and vascular action. Whenever differences in degree are the subject of discussion, there is fertile ground for paradoxical statements.

The transition between healthy mental action and delirium is an almost imperceptible one, as is likewise the gradation between normal movements and abnormal ones. The mind is considerably exercised to understand how it is that involuntary movements should be so near akin to paralysis, or absolute want of movement. This department is perhaps one of the most instructive in the whole range of disease. We may examine it a little more closely. Take a normal ganglion cell of the motor kind in the spinal cord. Contemplate its healthy mode of existence. It responds only to stimuli from a special part of the cortex of the brain or from a certain region of the body, with both of which it is in special relation. Increase its irritability, by any of the numerous means, to a considerable extent, and it will discharge its energy "spontaneously." A lesser grade of irritability will render it liable to be discharged on the slightest provocation. Of course this is an illustration of disease, yet how little it apparently differs from a state of health. Although the phenomenon of "irritable weakness" has long been recognised, yet we are inclined to think that it is still insufficiently acknowledged in practice. Actual diseases of the spinal cord afford abundant illustration of the principle. As an example we may consider the "knee-jerk." There are good grounds for believing that the disappearance of this phenomenon is always preceded by a state of exaggeration, transient no doubt in many instances. Weakness of the heart shows itself much more by an increase in the rate of its action, although one might *a priori* be disposed to think that its debility ought to be manifested in the display of less energy. Strange as it may seem, *a priori* thinking is not far wrong even here, if we do but define what is meant by strength. The strongest man, like the most powerful or healthy nerve cell, is to be gauged by the power of self-control and by the deliberateness of actions. The truly strong man about to perform an act effects his object with the expenditure of the least amount of force necessary under the circumstances. The heart, with its work to do, acts in the same economic manner if it be in a state of

health. In febrile states it wastes its forces, acts more quickly, but with less efficiency. And yet this principle of irritability associated with weakness is not found under all circumstances. We have examples of progressive loss of strength without manifestations of increased action. If we attempt to look for uniformity of method in disease we shall be disappointed, or have to search deeply before we arrive at the uniformity of principle on which nature presumably acts. An inquiry into the mechanism by which weakness goes hand in hand with increase of irritability will reveal that there are really two forces at least at work. In the case of the heart the motor nerve cells are under the control of other nerve centres, debility of which is probably the cause of the excessive number of discharges of the former. Probably a similar explanation holds good for the other examples of "irritable weakness," including most cases of mental derangement.

ON Saturday last a number of medical officers of health in the metropolis accompanied the Ambulance Committee of the Metropolitan Asylums Board to inspect the ambulance arrangements for the removal of cases of small-pox. London is so large, and its sanitary work so divided, that, except for this and similar opportunities given by the Managers, the officers whose primary duty is that of preventing disease, would know but little of the important machinery which is depended upon for the limitation of the spread of infectious maladies.

It is not many years since that Londoners were in the habit of using public street conveyances for the removal of the infectious sick; and even when legislation discouraged this procedure, no other vehicles were available but the somewhat ill-constructed ambulances of the Poor-law authorities. It is true that some of the sanitary authorities, more advanced than their fellows, possessed themselves of special carriages for the removal of infectious persons; but certainly in one instance, if not in others, the inconvenience attending the horsing of these vehicles led to the conveyance being used rather for the purpose of exhibition than for that for which it was at first intended. These difficulties were clearly appreciated by the Royal Commission on Fever and Small-pox Hospitals, who recommended that the ambulances should be under the control of the hospital-providing authority, whose responsibility for the care of the sick should thus begin at the patient's home instead of at the doors of the hospital.

The Managers of the Metropolitan Asylums Board have freely accepted the duty which has been imposed upon them, and have organised a service which is unparalleled for its efficiency, and of which London may well be proud. This duty from force of circumstances is not limited to the removal of sick persons from one part of London to another, but includes the far more difficult task of relieving London of infection from small-pox, and conveying the sufferers to a distance outside the metropolis, where their aggregation is not attended by the unfortunate results which arise from the hospital treatment of such cases in London. If the profession had been told only a few years ago that it was proposed to convey persons in the acute stage of small-pox some twenty miles from their home, the idea would have been scouted as an impossibility; but the Managers have contrived to solve this problem, and to remove patients this long distance, not only to the great advantage of the metropolis but without injury to the sufferers.

The Managers have constructed three ambulance stations in connexion with, or rather adjoining, their eastern, western, and south-eastern hospitals. These stations are entirely distinct from the hospitals near which they are placed, and are, so far as the officers are concerned, under entirely separate management; in each are placed a number of admirably constructed ambulances, in which the sick can be removed with the least possible inconvenience; there are, moreover, coachmen, male attendants, and nurses, who accompany each vehicle whenever requisite. Each station is in telephonic communication with the central office, and this office is also in telephonic communication with the offices of the district authorities, with the different hospitals, both on land and water, and with wharves upon the banks of the river. Absolutely within five or six minutes after information has been received from any of the parochial offices of the need for removal of an infected person, an ambulance is on its way from the nearest station to fetch the sufferer. Should the case be one of small-pox which can be removed outside London, the patient is conveyed to one of the wharves. Of these wharves there are three—one, the Western Wharf, which is just approaching completion, is situated in Fulham; another, the South Wharf, in Southwark; the third, the North Wharf, at Poplar. At each of these points is stationed one of three ambulance steamers, two of which were constructed specially for this service, the third having been altered to fit it for its present use. Two of these steamers, the *Maltese Cross* and the *Albert Victor*, contain accommodation for thirty-two patients each; the third, the *Red Cross*, for thirty patients. The planning of these vessels is so excellent, and the furnishing so complete, that the patient is at once received into a perfect hospital; his journey, so far as any fatigue is concerned, ends from the moment he is placed on board. He immediately comes under the care of a medical man and of nurses, and is fed and tended as carefully as if he were resident in one of the land hospitals. Of his voyage down the river he is not conscious, for the steady passage of the vessel through the water is barely perceptible to anyone lying in the well-arranged wards. Later, he reaches the hospital ships at Long Reach, where he has the best of opportunities for his recovery. We recently described in some detail the construction and ventilation of these vessels, and we have now only to add that the arrangements are now supplemented by their being furnished with the electric light, which is supplied from the shore, by complete laundry and disinfecting appliances in a building which is also on the shore, and near to which is erected a large dwelling for the accommodation of nurses, who are thus able to live in reasonable comfort, without exposing the patients to danger of disturbance from their close proximity to a large number of persons in the more restricted space of the hospital ships.

Under these circumstances the risk to London from small-pox is greatly reduced, and the removal of the sick is accomplished without the least inconvenience or prejudice to the patient's recovery. The greatest credit is due to the Managers for this great public service rendered

to the metropolis. Mr. SCOVELL, the chairman of the Ambulance Committee, may regard with much satisfaction the completion of this difficult task, in which we are glad to be able to report that well-known members of our own profession—Surgeon-General BOSTOCK, Drs. FOWLER, LATHAM, and MILLER—have taken an important part.

THE Report of our Commission on the Pollution of the Thames at the Henley Regatta has attracted considerable attention, and it is very generally admitted that it is an anomaly to prevent by stringent legislation the passage into the Thames of the refuse and excreta from a single house, and at the same time to permit a floating town made up of house-boats and other river craft, to pollute the river day after day by means of all its filth, both liquid and solid. One of the principal reasons which led to special legislation for the river Thames was the fact that London derives the greater portion of its water-supply from the river, and it is obvious that the existing legislation must be imperfect in the extreme if it allows the refuse of some hundreds of people to be cast into the stream, and this simply because the population in question do not happen to live on shore at the time when they cause the pollution referred to. It must also be remembered that legislation in this matter has been made the more stringent because of the special danger attaching to the consumption of a water which has been contaminated by human excreta, and having regard to the fact that the filth cast into the Thames by river boats above Teddington tends to find its way into the vicinity of the intakes of the London water companies, it is the more important that the subject to which we have directed attention should be effectually dealt with.

We are fully aware of the difficulty of asserting without hesitation, as regards any special form of refuse, that it would be capable of producing injurious effects if it ultimately came to be mingled with the water in the public mains; we are as yet ignorant as to the precise form and quantity of filth which is necessary to bring about mischievous results. But it is precisely because of our ignorance in this matter that our regulations dealing with the subject should be exceptionally stringent; and the only safe plan is to regard all excremental refuse as potentially poisonous, and to deal with it accordingly. Recent experience has also taught us the need for especial caution in this matter. The chemist has failed to detect anything wrong with water to which choleraic discharges and filtrates of enteric fever discharges have been added in quantities exceeding those which there is strong reason to believe have led to the production of epidemic disease amongst consumers of water-services which have become accidentally contaminated. And not only so, but in such cases as the severe epidemics of enteric fever at Over Darwen and at Caterham, we have learnt that comparatively small quantities of specifically diseased discharges have, even when mingled with very large bodies of water, conveyed disease on a wide scale. In the Caterham case, for example, a portion of the discharges of a single patient were mingled with so large a quantity of water that the attempt of the company to pump the well dry failed even materially to lower the water level—and this although their machinery was kept at work day and night; and yet the water contained the infective material in sufficient quantity to convey disease to several hundreds of the water consumers. The fact is that in these contagia we are dealing with particulate matter capable, under certain conditions, of rapid development and reproduction, and there is no reason for assuming that these favourable conditions are always absent in the river Thames. Quite the contrary: infected streams have before now led to evils as great as those to which we have referred in connexion with infected reservoirs and deep wells, and for this reason those who are responsible for the state of the Thames in relation to the London water service should see that some measures are taken to deal with the evil which our Commission has brought under notice. Possibly the most appropriate plan would be to bring river craft above, if not also below, Teddington Lock under somewhat similar restrictions as canal boats are now subjected to. Under the principal Act relating to the latter class of boats the Local Government Board have power to make regulations relating, amongst other things, to the "general healthiness and convenience of accommodation of the boat.....for promoting cleanliness....." and "for preventing the spread of infectious diseases" by such boats. Possibly the precise terms of the Act might need modification to meet the case of pleasure-boats on the Thames, but it is by no means unlikely that in the provisions of the Acts as to canal boats, and in the staff of officials which is held to be necessary for their enforcement, the basis for such action as may be needed by way of supplement to the existing powers of the Thames Conservancy may be found.

Annotations.

"Ne quid nimis."

INTERMEDIATE M.B. EXAMINATION AT THE UNIVERSITY OF LONDON.

THE success of the experiment of holding two Pass Preliminary Scientific M.B. Examinations in the year has induced the Senate of the University to move still further in advance, and the official minutes now announce that the Intermediate M.B. will also be held twice a year—viz, in July (as at present) and in January. The first examination in January, which will be for a pass only, will be held in 1888, so that time may be afforded to duly publish the new scheme. We need hardly point out that this change will add greatly to the facilities for taking the M.B. degree, is altogether on the lines we have so constantly urged, and was a necessary sequel to the holding of the earlier examination twice annually. At the same time the Senate resolved on a further alteration, which will again bring the two examinations more closely into accord. As now at the Preliminary Scientific, so after the present year at the Intermediate M.B. in July, the candidate will have to elect between taking the pass and the honours papers, which will be distributed on the same day and hour. In other words, candidates for honours will not have to write the pass papers and must take the risk of failure, whilst those who take the pass papers necessarily exclude themselves from honours. In cases in which candidates elect to write the papers for honours and fall short of that standard, the examiners will exercise a discretion as to recommending them for an ordinary pass. There is a little difficulty in carrying out this change, but we believe it works very satisfactorily at the Preliminary Scientific. In and after 1887 the written

examination will commence on the second Monday in July, and the practical and *viva voce* examinations in the week commencing with the fourth Monday. The written part will therefore be a fortnight earlier than at present.

THE ELECTION OF DIRECT REPRESENTATIVES.

THE new Medical Act says that the manner in which the election of direct representatives of the profession shall be conducted is to depend on regulations to be made by the Privy Council. These regulations are not yet completed, and in the present state of political parties a little time may elapse before they are ready for publication. But we may assume that the Privy Council regulations will only have reference to matters of detail—of time and place, and mode by which the voting-papers may most safely reach their destination, &c. They will leave much to the judgment of the profession, and especially of those members who may aspire to election or be put forward by their brethren. While the Privy Council is considering its regulations and the profession is showing a very wise slowness in nominating its representatives, it is a good time to consider the way in which the election should *not* be conducted. Generally speaking, the method of procedure should differ as far as possible from that of an ordinary parliamentary or municipal election. Canvassing should be discouraged or even prohibited, and all the ordinary arts by which candidates misrepresent the issues at stake, by which they elevate themselves and disparage their opponents, must be considered excluded and unworthy. It is desirable, however, that the profession, by the men it chooses and by the methods it pursues, should give evidence of the wisdom and propriety of the concession of direct representation. *Mutatis mutandis*, the election of the Council of the College of Surgeons might be taken as a guide. The differences are that the voters in the one case will amount to as many thousands as in the other case to hundreds, and that the election to the Medical Council will be by voting-papers sent out by and at the expense of the Branch Council of the particular division of the kingdom to each registered practitioner, and returnable to the medical registrar for that division. Nevertheless, the principles ought to be the same. The absence of all coarse methods of electioneering should be insisted on, and those who resort to them should be left out in the cold altogether. The profession is under no delusion as to the powers of the Medical Council, even refreshed, as it is to be, by direct representatives. It may be trusted to act accordingly.

THE CHOLERA EPIDEMIC IN SOUTHERN EUROPE.

WHILST cholera is still widely prevalent in certain portions of Southern Italy, the epidemic appears during the past few days to have been checked in intensity; and this change has been observed in connexion with a diminution in the temperature, which during the previous week had been exceptionally high and oppressive. During the week ending the 19th inst., there were 52 cases and 27 deaths in the town of Brindisi, 237 cases and 107 deaths at Francavilla Fontana, 115 cases and 49 deaths at Latiano, and, in addition to this, several other places in the province of Brindisi were almost continuously affected. Indeed, the daily number of cases and deaths in the province during the week in question have been as high as 115 and 46 respectively, but latterly they have fallen to about 70 and less than 20. Amongst the other places most affected may be mentioned San Vito Dei Normanni, San Donaci, San Pancrazio, and Oria; also Erchie and Manduria in the province of Lecce. The disease was also announced to have again undergone extension in the province of Bari, but no details of this have come to hand. The outbreak in Francavilla Fontana is the most striking feature of the epidemic up to the present date, this town having suffered, in proportion to its population, more severely than almost any place which has been attacked in the peninsula since 1884, and certainly more severely than Naples during the epidemic in that city two years ago. The disease, too, is more persistently maintained in Francavilla Fontana and in Latiano than in any other portion of the kingdom. In the north of Italy the disease appears to be still limited to Venice and to Codigoro in the province of Ferrara. In Venice the fresh cases and deaths during the week ending June 19th have been 7 and 6 respectively, and in Codigoro they were 39 and 14. Reviewing the progress of cholera in Italy during the past week, it must be admitted that the disease, whilst very severe in the localities affected, has not extended itself on so wide a scale as was to have been expected. And it is possible that if the temperature during the next few weeks does not become excessive, no very serious extension may take place. Italy has suffered severely during two consecutive summers, and the present year may be exhibiting a decline previous to the disappearance of the epidemic. This view receives confirmation from the failure of the disease to make headway in the northern part of the peninsula. On the Austrian coast of the Adriatic cholera is still limited to Trieste and Fiume. The records from both places are somewhat broken, and during the week ending the 19th inst. only 19 cases and 8 deaths have been reported from Trieste, and 21 cases and 10 deaths from Fiume. In the latter place, which was first attacked about the beginning of the fourth week in June, 75 cases and 47 deaths have taken place up to the date to which this week's records extend, and on the 14th inst. it was reported that the population were suffering a good deal from panic, and that a large number of the inhabitants had already left the place. In all the towns and localities affected both in Italy and in Austria the officials are endeavouring to reassure the populations, and in Italy the calm behaviour of the people stands out in striking contrast to that which has heretofore been exhibited, especially in Southern Italy. Sanitary measures of a certain sort are also being carried out, and some immediate good may be expected to result. But hitherto these measures have, in the main, been of a temporary character, and except in so far as the works which have been carried out, or which are in contemplation, in a few large cities such as Naples, are concerned, we have as yet not heard of any substantial progress being made towards the prevention of a similar occurrence in the future.

EARLY OPERATIVE TREATMENT OF MORBUS COXÆ.

THE April Bulletin of the Royal Academy of Medicine of Rome reports the presentation, by Dr. P. Postemski, of three boys with hip-disease. Two cases had been treated by the expectant method—counter-irritation and extension, douching and immobility. Abscesses and sinuses formed, and recovery, with considerable deformity, only occurred after the treatment had been persisted in—in one case for two, in the other for four years. In the third case early excision of the head of the femur was followed by rapid recovery. The operation was performed through a semilunar incision behind the great trochanter. The joint contained purulent serum, and was the seat of fungus synovitis. Only a few erosions were visible on the head of the bone. After removing it, the neck of the femur was rounded and refitted into the acetabulum, previously cleaned out by scraping. Drainage, union by interrupted suture, extension, and sublimate dressings were not disturbed for twenty-nine days, when union by first intention was ascertained. All the dressings were removed on the thirty-fifth day. At the end of eight weeks the patient was able

to walk on crutches, and he could dispense with them when presented to the Academy. The case is unquestionably one of deep interest, but its progress at a later stage must be noted before a correct judgment can be formed. Assuming the issue to be entirely favourable, the advice to excise the head of the bone in the early stage of hip-disease raises grave questions. Granted that the danger of the operation is much less in children than in adults, and that the proportion of recoveries is largest when excision is practised before the joint is completely disorganised, two results of experience are specially noteworthy. A large proportion of hip-joint patients do well under appropriate constitutional and local treatment; and excision of the hip is an operation involving risk to life, without the certainty of a strong and useful limb.

THE "SATURDAY REVIEW" EXCITED.

WE are sorry for the Saturday Reviewer who, having indited an article entitled "The Relation of Insanity to Sin," and finding his essay criticised in our columns, is thrown into such a paroxysm of indignant excitement that he straightway pens another article entitled "A Medical Wiseacre," wherein he makes confusion worse confounded. The amenities of journalism are not best maintained by calling names, and we are a little surprised that any article with such a heading as that just quoted should have escaped the editorial eye in control of a periodical usually well conducted; but let that pass. Our concern is with the objection of the writer, not with his style, albeit that, to quote a famous criticism, certainly "lacks finish." This is how the objection runs: "The proposition which we adduced was that in questions of sin, as in questions of crime, the mere wickedness of the acts done was not in itself good evidence whereon to base the defence of madness, except in so far as it could stand the test of the two questions, 'Did he know that what he was doing was wrong? If he did, could he help doing it?' Upon this the wiseacre in THE LANCET finds himself 'compelled by the facts of the case to join issue, and contend that a man may know he is doing wrong, and do it without obligation or impulse of any sort, and yet be insane.' This so-called 'joinder of issue' is, to carry on the legal metaphor, bad on the face of it. It does not contradict what was said on the other side, and it asserts what nobody ever denied." We must be excused for differing from our censor and suggesting that it not only joins issue, but puts the proposition laid down out of consideration. The *Saturday Review* is discussing the relations of sin and insanity, and the questions set out are those laid down by authority as tests for responsibility in cases of alleged insanity, or in which madness is pleaded in defence of a person doing some act which is classed as criminal. And the two questions propounded as tests are shown to be ridiculous. They will neither stand apart nor together. There is simply nothing more to be said on the subject, because it is nothing to the point whether the man knew what he was doing to be wrong or did not know it, and it is nothing to the point whether, knowing or not knowing the nature of the act he performed, he did it because he could not help it, or, being able to help it, he did it because he chose to do it. The question of sanity or insanity is not to be inferred either from the nature of a deed done or the degree of knowledge, or of independence of the person doing it. The question whether or not a person who has done something, good, bad, or indifferent, must turn upon his state of mind, which is a matter wholly apart from his actions. A mad man may do an act good in itself, or a sane man may do a mad act. Mind and conduct are different and often stand apart, particularly in such mental states as constitute what we call disease. This is the sum of the matter at issue, and we say that our "joinder" was perfectly good in so far as our contemporary was writing on the subject named at the head of the column. If the Saturday Reviewer does not see this he must have unconsciously suppressed a term of his syllogism. Meanwhile what does he mean by the following slightly discordant statements: "It would, in his" (i.e., the medical wiseacre's) "judgment, have been more accurate to specify crime instead of speaking vaguely of sin. Here he is in error. It would have been, not more, but less, accurate to specify crime, because we were not writing about *crime*." Mark this, and then read the following: "Lawyers say, Mad people who do not know what they are doing, or who cannot help doing wrong, shall not be punished. Doctors say, But that is an insufficient definition of madness. No one, except doctors, ever said it was a definition of madness at all. It is a definition of *criminality*, and criminality is a question with which doctors are not in the least concerned." Surely our friend is a little mixed. The article was entitled "The Relation of Insanity to Sin." We suggested that it would have been better to have said crime than sin. He objected that he was "not writing about crime," and now he objects that he was not talking about insanity or madness, but about *criminality!* Where are we? Where is he, or—where ought he to be?

THE CEREBELLUM AND THE OLIVARY BODY.

ONE of the most interesting communications in the current number of the *Journal of Mental Science* is a clinical note by Mr. W. Dudley. The case is that of a man aged sixty-two, in whose *left* cerebellar hemisphere was an area of softening occupying the central part and including the corpus dentatum—the, so to speak, olivary body of the cerebellum. The *right* olivary body presented a gelatinous appearance, and its convoluted grey matter seemed absent. The microscopical examination revealed a great contrast between the olivary bodies. The left one was normal; the grey matter of the right exhibited but few nerve cells, though abundance of coarse granular matter, probably the remains of atrophied cells. No tract of degeneration was detected in the medulla or spinal cord. In the case in question there was considerable difficulty of articulation, which may have been due to the atrophy of the olivary body. The crossed connexion of the cerebellum and olivary bodies appears to be illustrated by this case, for it does not seem likely that the lesions were coincident; nevertheless, there were foci of softening in other parts of the brain.

"CLEVERNESS."

IN early life the thoughtful mind is puzzled by many things difficult to be understood. As thoughtfulness belongs to every normal child, it follows that most of us have been puzzled to explain satisfactorily what is meant by being clever. We all like to be credited with the possession of something that excites admiration, and many a child jumps at anything that will bring him some small measure of notice above his fellows. This trait in the human character is one of a very useful order, but occasionally, like everything else, it carries mischief in its train. Even the most mediocre intellect is occasionally the seat of some sort of cleverness. In certain natures a little praise is a dangerous reward, for flattered vanity works hard for distinctions that do not rightly belong to it. Sometimes vain minds give way to the strain brought upon them by their own inordinate love of being thought "clever." The term "cleverness," as it is now used, must be held to be of most indefinite meaning. How are we to compare the cleverness of different men? The physiologist apparently alone

would be capable of doing this, for he attaches a physiological meaning of some definiteness to every mental act. He might say that the clever pianist had better brain tissue, that allowed of more perfect activity of certain visual centres and the corresponding motor paths by which written music is translated into movements and their attendant sounds. As the brain is a sort of representative parliament, it is easily conceivable how some of the representatives should be more efficient than others. In other words, some parts of human brains are more perfect than others. Some people have "ears" for music, whilst it is notorious that some clever men are unable to appreciate musical sounds.

DRINKING-WATER FOR VESSELS IN THE PORT OF LONDON.

THE supply of pure water to ships is at all times of the greatest importance, and especially so during hot weather. From a report issued by Dr. Collingridge on the subject we learn that many of the dock companies supply shipping direct from the water company's mains by means of hose. In the river, however, and the London, St. Katharine's, East and West India, and Commercial docks, water is carried by means of special barges, which derive their supply from the East London Water Company. Inasmuch as such barges are liable to contamination, it is satisfactory to know that they are under constant inspection by the Port Sanitary Authority, and that thorough cleansing is required at stated intervals. At the Thames Police Court last week the Samaritan Water Company were summoned by an inspector for neglecting such cleansing and repairs, and an order was issued by the magistrate with costs. The Port Sanitary Authority are endeavouring to induce the dock companies to take the supply of water into their own hands, and thus minimise the danger of pollution.

TUBERCULOUS MILK.

A SERIES of researches and experiments in testing milk and its infectious qualities in the case of tuberculous cows has been published in a Scandinavian journal by Drs. Bang and V. Storch. Dr. Bang found that milk both from the tuberculous portion of the udder and the healthy portion contains bacilli, and always produces tuberculosis in rabbits inoculated with it; also that milk from tuberculous cows without diseased udders was not infectious in some cases, but in others it contained bacilli and produced tuberculosis by inoculation. On further investigation it was found that all the animals thus experimented on developed typical artificial tuberculosis. Milk containing bacilli was then put into a centrifugal cream-producing apparatus, and when the vessel was made to revolve most of the bacilli collected in the film adhering to the periphery of the vessel; but the cream itself contained a certain number, and produced tuberculosis by inoculation. Again, the cream, after exposure in a dish for some time, was found to contain bacilli, the acidity having no destructive influence on them. Butter made from such cream was infectious. Heating to a temperature of 60°C. was found to lessen to a great extent the noxious properties; heating to 70°C. in many cases destroyed infection, but not in all. Dr. Storch, in his chemical examination of milk from tuberculous udders, found that that from the diseased portion of the gland had a strong alkaline reaction; at the commencement of the disease it resembled healthy milk in appearance, but in the later stages it was thin, watery, and yellowish-brown; the milk from the healthy portion, on the other hand, was thick and of creamy consistence. In milk from the diseased part an increase of water and albumen was found, whilst there was a decrease of milk, sugar, and fat. From the healthy portion of the same gland the milk was found to be more concentrated, the albumen and water being diminished, whilst the fat, milk, and sugar were increased. The ash obtained from the milk in the sound portion was not abnormal, but in that from the milk in the diseased part a great decrease of calcareous matter was observed and an increase of soda. Dr. Storch endeavours to explain these phenomena by suggesting that probably milk, sugar, and fat are formed in the udder, and albumen and water in the cells of the gland.

THE INTERNATIONAL MEDICAL CONGRESS.

OUR latest information is to the effect that the arrangements for the great International Congress at Washington are progressing favourably. In the case of many of our European brethren the occasion of a visit to the United States will be a unique one in their lives. We have not yet reached that familiarity with the Atlantic which is such an attainment in our American brothers,—

> Qui siccis oculis monstra natantia,
> Qui vidit mare turgidum.

Nevertheless, many on this side are anxious to return the visits so generously made from the other. And whatever the discomforts of the voyage or the severity of the *mal de mer*, we are likely to have the advantage of much brotherly assistance and advice. It may mark a new era in the treatment of sea-sickness, when so many zealous physicians and surgeons are set in competition for their own relief. Be this as it may, great preparations are being made in Washington and elsewhere, and it only remains for Europe to see that the guests are forthcoming. It is the great element in all such gatherings that they be well "furnished with guests," and we would now urge on the profession and its leaders that they will do a great service by an early decision to attend, and still more by an early intimation of it to those concerned. There are American physicians who have visited England annually for thirty or forty years, and on rare occasions perhaps more than once in the year. The late Dr. Flint, whose absence will be acutely felt at Brighton this year and at Washington next, had come of late years to think nothing so refreshing as a run to the old home of his forefathers. Let us reciprocate the compliment on this high occasion, and make the very Atlantic the measure of our desire to cultivate international science and friendship.

SUMMER DIARRHŒA IN THE LARGEST ENGLISH TOWNS.

THE recorded death-rate from diarrhœa in the twenty-eight large English towns dealt with in the Registrar-General's Weekly Return, under the influence of the low temperature during the greater part of June, continued exceptionally low during that month. The warmer weather that set in on the 26th ult., and the remarkably hot period of five days from the 3rd to the 7th inst., however, have caused the usual increase of mortality from this cause. During the seven weeks ending July 3rd, the deaths from diarrhœa in the twenty-eight towns slowly increased from 27 to 86, but rose in the following two weeks to 222 and 411 respectively. Of the latter two numbers, 156 and 315 were recorded in London, which, as is generally the case, is one of the first of the large towns to suffer in this way from the advent of hot weather. It should be remembered that during these epidemics of summer diarrhœa about 82 per cent. of the fatal cases occur among infants under one year of age, and about 14 per cent. among children aged between one and five years, only 4 per cent. of the total cases occurring among children and adults aged over five years. It may be noticed that the mean temperature was below the average on each of the ten days ending with Saturday last (17th inst.), and that therefore the increased

mortality from this cause recorded in the week ending 17th may be mainly attributed to the short hot period that ended on the 7th. In the week ending last Saturday the annual death-rate from diarrhœa averaged 2·4 per 1000 in the twenty-eight towns, but was equal to 4·0 in London, while it did not exceed 1·0 in the twenty-seven provincial towns. No death was attributed to diarrhœa during last week in Brighton, Wolverhampton, Bolton, Huddersfield, or Halifax; the highest rates in the provincial towns being 1·6 in Birmingham and Sunderland, 1·8 in Blackburn, 2·9 in Bradford, and 3·4 in Leicester. In addition to the 411 deaths referred to diarrhœa last week in these twenty-eight large towns, 20 were certified from choleraic diarrhœa, infantile cholera, or English cholera; of these, 17 occurred in London, 1 in Preston, 1 in Bradford, and 1 in Newcastle-upon-Tyne.

CHOLERA SCARES.

IT has come to be the fashion to be "frightened of cholera" just at the commencement of the annual touring season, when the inclination is strong upon us to start instantly for foreign scenes and climes. The hotel-keepers of the United Kingdom (of Scotland in particular) have had cause to be thankful for these cholera scares in recent years; for, beyond question, a great many families were deterred from crossing to the Continent last year and the year before by fear of the fell disease, which seemed to have settled itself in Spain and Italy, and threatened to extend its baneful influence over the surrounding countries, even if it did not fasten its grip on our own shores. Again there is "cholera on the Continent," and once more we are scared. What is the truth about the situation? We take it to be simply this: there is undoubtedly peril of the disease abroad, and, unless there be some urgent necessity for visiting the localities where cholera has shown itself, better far to avoid the danger, slight though it may be, of contracting the malady. The probabilities of infection are always greater for visitors to a place and community where disease exists than for members of the resident population, if the conditions of life be the same. Cholera is chiefly, though not exclusively, communicated through water. It is, therefore, obvious that the water of a district in which cholera exists ought not to be drank. At the same time nothing is worse than to diminish the quantity of fluid consumed in warm weather, or when taking more than the habitual amount of muscular exercise. The débris of tissue waste has to be washed away, and the kidney offers the only legitimate mode of exit. Fluid passed through the skin by perspiration had better be counted as loss for economic purposes. Its *chief* value relates to temperature rather than excretion, and for practical health purposes the aim should be to pass off excreta through the kidney, which is not only never overworked by exosmosis of an unirritating fluid holding solids in a state of extreme dilution, but is itself cleansed by normal "flushing." Pure water is the best of all possible agents for promoting the renal excretion, but to drink water in a cholera-stricken district is to drink death. What, then, is to be done? It has been recommended, and very properly, to boil the water used. It is not enough to heat it, the boiling-point must be actually reached, and to make sure of rendering organic poisons inert the boiling should be continued for some little time. Black tea added, with a dash of lemon-juice, will render the boiled water palatable and serviceable, and then it may be taken freely without fear, and with advantage. Meanwhile, it is not much use taking this precaution if we eat recklessly of dishes compounded by the French or Italian cook with water which has not been boiled. This is too often forgotten. In short, soups and other warm food compounded or cooked with water which has not been raised quite to the boiling-point ought to be refused. The roast and genuinely "boiled," the broiled, and—if it be possible as a matter of taste—the baked may be used, but nothing that has not necessarily been heated to 212° F., or above it, should be taken. For the rest, cleanliness, moderation, and the avoidance of over-fatigue or nerve excitation are the best preservatives. It is vain to go abroad for health, and tempt perils of disease. If what is sought can be found in a healthy resort abroad—or even at home,—nothing but a spirit of recklessness could induce anyone to enter a district in which cholera has appeared or in close communication with any locality where it exists.

THE GENERAL HOSPITAL, JERSEY.

WE have already noticed the case of this hospital as affected by the lamented death of the late Dr. Chas. Le Vesconte Godfray. Hitherto the hospital has been served by only one honorary medical officer. It so happens that the last two incumbents were very able men—viz., Mr. Jones and Dr. Godfray. But it is rarely well with hospitals, any more than with States, when there is in them but one man. There is a want of life, of healthy rivalry, of comparison and competition, and variety. Besides, it is well to distribute the advantage of hospital work and practice. All these considerations weighed strongly with the profession, who almost unanimously urged the appointment of a proper staff. We regret to say that the hospital committee has not accepted this view, but propose to work the hospital by a very singular arrangement—a paid house-surgeon, an honorary officer, who is to have medical and surgical superintendence of the whole establishment. The committee must have great faith in some one man who is to be equal to all surgical and medical cases. But he is not to be quite his own master. He is to be looked after by a council of five practitioners, with whom he is to confer "in all serious cases and in all serious operations." We never heard of such an arrangement. It seems eminently an illustration of the way how *not* to do it, and it will be a matter of regret, we think, if any practitioners are found to give their sanction to such an unusual and unpractical arrangement.

MORBID GERMS IN WATER.

THE close connexion which often exists between drinking-water and the contagion of various diseases is unfortunately too well known to call for fresh announcement. A multitude of plans for purifying household water prove its general recognition. In all these the directing principle aims at the exclusion of organic matter, the source of chemical changes which nourish the omnipresent elements of infection. With regard to morbific germs themselves, it is more than doubtful if any system of filtration can directly destroy or exclude them. It is true that they may be killed by oxygenation, but the power or duration of this process in domestic filtration can seldom, if ever, be relied upon for the purpose. Yet filters form an effectual check to disease the germs of which are conveyed by water. The object still chiefly to be aimed at is therefore to starve out these injurious atoms by removing their organic pabulum. In reasoning thus, however, we imply that disease germs will only develop in water containing organic material, and not in that which is free from it; nor are we without experimental evidence in support of this view. Among investigations into this subject the most recent is that carried out by Messrs. Crookes, Tidy, and Odling on various London waters. Small quantities of culture fluid containing bacillus anthracis were introduced into household waters of different mineral composition, but free alike from organic impurity. In each case the germ remained active for a short time until pro-

bably its food-supply was used up, and the water was infective when added to a sterilised culture medium. After a few hours it lost this property. Thus it appears to be proved that bacillus anthracis, at all events, does not flourish in pure water, and we may probably regard it as being in this respect a test example of the behaviour of other morbid germs. These facts are encouraging since they show that a wholesome water-supply is possible even for the poorest, filter or none, if that in the mains is good and the domestic cistern is uncontaminated by dust or sewer air.

THE MEDICAL MEMBERS OF PARLIAMENT.

THE result of the recent General Election has proved fatal to the candidature of several members of our profession who occupied seats in the last Parliament, and offered themselves for re-election to the forthcoming one. The following have been unseated after a contest:—Dr. Foster, for Chester; Mr. Mitchell Henry, for one of the Glasgow Divisions; Mr. Vanderbyl, for Portsmouth; and Mr. Pilkington, for Southport. Dr. K. J. O'Doherty, who formerly sat for North Meath, did not offer himself as a candidate, private business in one of the colonies claiming his attention. The following have succeeded in retaining their seats:—Sir Guyer Hunter, for the Central Division of Hackney; Dr. C. Cameron, for the College Division of Glasgow; Mr. J. Dillon, for East Mayo; Mr. R. B. Finlay, for Inverness District; Dr. Farquharson, for West Aberdeenshire; Sir J. Trevor Lawrence, for the Reigate Division of Surrey; Dr. R. Macdonald, for Ross and Cromarty; Mr. C. R. D. Tanner, for Mid Cork; Mr. J. E. Kenny, for South Cork; and Mr. G. B. Clark, for Caithness-shire. All the new medical candidates, four in number, suffered defeat:—Surgeon-Major Evatt was unsuccessful at Woolwich, Mr. Lawson Tait at Birmingham, Mr. Willis at Battersea, and Dr. Alfred Carpenter, who last year contested the Reigate Division of Surrey, at North Bristol.

MEASLES AT MARLBOROUGH COLLEGE.

AN outbreak of measles at Marlborough College just at the present time, when Charterhouse School is under discussion, has already led to a critical notice in the public press. We have therefore made inquiry at the College, and learn that the disease was introduced among the pupils by a boy who had evidently contracted measles at home, and who first showed symptoms of it some twelve weeks ago, a fortnight after his return to school. He was at once isolated in the sanatorium; but a fortnight later one more boy developed the disease, and a further fortnight later five more cases occurred, four in the same house as that occupied by the first case and one in the College. All the cases were isolated as soon as the boys sickened, but, as is usual with measles, the disease continued to spread, and during the last sixteen days it has been general throughout the school, from thirty to forty boys being in the sanatorium at one time. Altogether seventy boys have been attacked, and there are now only twelve left who have not suffered previously from this affection, and who are therefore regarded as susceptible. A correspondent of the *Daily Telegraph*, whose son is at Marlborough College, complains that notice had not been sent to him of this appearance of disease. The school authorities have, we are informed, communicated with the parents of boys who were believed to be susceptible, but this was not done until the disease had become generally diffused; and we think in all such cases the parents ought to be informed at once, so that, if they so please, they may remove their sons. There may often be difficulty in determining the exact moment when it is necessary to inform parents of the presence of epidemic disease in a school, but we hold very strongly the opinion that when the isolation of the first case has not prevented the development of others, parents should no longer be kept in ignorance of what is taking place and the risks to which their sons are exposed. There is the double question of risk to the boys themselves and of the risks to their brothers and sisters when they return home, and parents should therefore freely decide for themselves whether their children should remain at school or return home. It is satisfactory to learn that under the care of Dr. Penny no deaths have occurred, and that all the boys who are now ill are progressing favourably.

MICROCOCCUS IN BRONCHO-PNEUMONIA.

SOME researches on the micro-organisms of lobular pneumonia have been made by M. Pipping at the suggestion of Friedländer. In seven cases of fourteen examined, a micrococcus has been detected in variable numbers, having a great resemblance to the pneumococcus. The majority of the organisms were grouped in pairs or in chains. In three cases the oval cocci were surrounded by a very distinct capsule. Many of these capsules contained two or more cocci. These cases were uncomplicated by any acute disease. One was associated with carcinoma of the pylorus; the second with multiple cold abscesses of the hips; and the third with arterio-sclerosis and senile atrophy. The author gives a detailed description of the histology and of the experimental cultivations and inoculations with the pneumonic products of the said three cases. The preliminary inoculations in mice, rabbits, and guinea-pigs have yielded results that are in harmony with those obtained by Friedländer in the case of the coccus of lobar pneumonia. In four other cases of pneumonia of recent date M. Pipping discovered cocci having some resemblance to the pneumococcus, but differing in the absence of a capsule. Attempts at cultivation proved futile in two cases, and in the other two led to the development of several species of bacteria, but of none with a capsule. Seven cases yielded negative results. The author concludes that the encapsuled coccus regarded as special to lobar pneumonia is equally the pathogenic agent of some varieties of broncho-pneumonia.

THE METROPOLITAN IMPROVEMENTS IN SOHO.

IT is always pleasant to think that we may have had a share in bringing about any great public good, and we confess to a feeling of no small satisfaction whenever we pass through the new street or see the recent improvements which the Metropolitan Board of Works has effected in Soho. It is now exactly twelve years since THE LANCET appointed a select commission to inquire into the state of the dwellings of the poor in the metropolis, and our commissioner commenced his work with a description of the state of overcrowding in the district of Soho, one of the most insanitary districts in the metropolis. This account of life in Soho attracted no little attention outside the profession. It was quoted more than once in the House of Commons, then engaged in passing the Artisans and Labourers' Dwellings Acts, and was freely commented upon in the daily and weekly press. We shall therefore hardly be accused of presumption if we claim to have had a considerable share in calling public attention to the necessity of rebuilding this squalid quarter. The Metropolitan Board of Works deserve public thanks for their spirited course of action, and no improvements which have been effected of late years have been more needed or more judiciously carried out. Beginning at Piccadilly-circus, where by the demolition of an island of second-rate houses a magnificent "Place" has been formed, the new Shaftesbury-avenue runs north-east, traversing the worst parts of Soho and demolishing the notorious Dudley-street, and emerges in Oxford-street opposite the termination of Hart-street, where it meets the new road which has been

made from the extreme east of London to that spot. Shaftesbury-avenue in its course has let in much light and air where most they were wanted, and has necessarily brought increased potentiality for health with it. To it there are subsidiary improvements. A fine thoroughfare has replaced Newport-market, and the "Sandringham-buildings" cover the ground previously occupied by a rookery. Then, again, an approach to Oxford-street is being made from Trafalgar-square. One side of St. Martin's-place exists no more, Hemming's-row is among the things that have been, a network of slums behind Leicester-square has been demolished, and very soon the facilities of transit from Trafalgar-square to Oxford-street will be greatly increased. In the train of these welcome improvements come health and architectural beauty, and there is every reason to suppose that the enhanced value of the cleared ground will to a great extent save the ratepayers' pockets. We heartily hope that this may be the case.

THE RECTORIAL ELECTION IN THE UNIVERSITY OF BRUSSELS.

ALTHOUGH it was the turn of the Faculty of Medicine to provide the Rector of the University of Brussels this year, it had been decided, in consequence of disputes which have been for some time past agitating the medical professors, that the legal faculty should take the turn so as to allow time for the air on the medical side to become calmer before the next rectorial election. At the last moment, however, it seems that this apparently most sensible arrangement was broken through, the medical faculty taking its proper turn, M. Depaire receiving 29 votes, M. Crocq 6, and M. Prins 1. *La Presse Médicale Belge* says that there is some mystery about the matter, and cannot understand how the "surprise" had been arranged.

HOSPITAL SATURDAY IN LONDON.

SATURDAY was rather a wet day, but this did not daunt the fair ladies who held the boxes for the street collection. Their cheerful kindness deserves a good reward. What, however, the Saturday movement wants is organisation for a weekly penny from the working men of London. Till that is secured, we shall not have a collection worthy of them or of their obligations to the hospitals. The number of collection boxes used on Saturday was larger than in previous years, and additional means of advertising the fund were made use of by the Committee. Amongst other donations received by the secretary is the sum of £40 5*s.* from the manager of the Coffee Tavern Company, being the day's takings at their tavern at the Indian and Colonial Exhibition. Some jewelry has been forwarded by a lady to be sold, and the proceeds devoted to the fund.

THE CEREBRAL LOBES OF FISHES.

THE cerebral lobes of fishes seem useless so far as the ordinary life of these animals goes. Herr Steiner, of Heidelberg, published at the beginning of the year, an interesting account of the effects of ablation of the cerebral lobes of osseous fishes. M. Vulpian has since re-investigated the subject, and has arrived at substantially the same conclusions as Steiner. A full statement of the experiments may be read in *L'Union Médicale*, No. 93. It is concluded that the "will" of osseous fishes is retained in undiminished force, even after the loss of their cerebral lobes; that not only does voluntary power persist, but also that its voluntary manifestations appear to be identical and indistinguishable from those of fishes whose brains are intact. Moreover, as has long been taught, the visual functions seem to be perfectly performed in the absence of the parts of the brain that correspond to the hemispheres of man. There is "nothing new" in all this. But it is well that investigations should be repeated from time to time in the light of newly-acquired knowledge. The vision and "will" of fishes must be widely different from the similarly designated functions in man; though we may readily grant that the difference is rather in degree than in kind.

SUMMER HOLIDAYS FOR THE POOR.

NOTHING in modern philanthropy is more commendable than the anxiety of the wealthy, as the holiday season comes round, to see that the poor have a holiday too. Our daily contemporaries have found time and space even in the excitement of recent weeks to press the claims of churches and societies which cater for the poor in this matter. We cannot express the value we set on such schemes. To take the poor—children or adults—out of their alleys and courts and drop them in a village or at a farmhouse, among cows, trees, green fields, hay-making, in fresh air, or in sight of the sea, is not only to improve their health, but to give them new faith in God and in God-like people. The selection of a particular institution is a secondary matter. But if anybody wants to double the zest of his own holiday, he will secure the end best by such a contribution as he can, with a little self-sacrifice, afford to one of the many funds to which we refer. Some of these institutions are in great pecuniary want. The Convalescent Home, Hall's-green, Sevenoaks, Weald, Kent, complains "that our beds are not half filled, not having sufficient funds to provide food," &c.

NEURALGIA OF THE PUDIC NERVE.

PROFESSOR ADAMKIEWICZ mentions in the Polish journal *Medycyna* a somewhat rare case of neuralgia affecting the pudic nerve. The neuralgias of the ovary and uterus in women and of the seminal ducts in men are, he says, usually described as neuralgiæ pudendo-hæmorrhoidales, but they have not been well worked out. The present case is interesting because the nerve affected arises from the pelvic plexus. Three years ago the patient began to suffer two months after her second confinement with painful spasm of the urethra whenever she attempted to micturate; sometimes, indeed, this spasm prevented her from voiding her urine. Afterwards the pain spread to the vesical region and became more and more frequent, so that at last the woman was scarcely ever free from it. Every movement of the body and any irritation or excitement increased it, and induced a desire to micturate. Morphia and absolute rest in bed produced some alleviation only. A painful spot was found where the gluteus maximus crosses the tuberosity of the ischium, and another on the inner surface of the ascending ramus of the ischium. The treatment adopted was electrical, the anode of a constant current battery being placed between the tuberosity and the spine of the ischium, and the cathode on the sacrum. After daily applications of a few minutes' duration for three months the patient was completely cured.

HOSPITAL SATURDAY IN BIRMINGHAM.

A MEETING of the General Committee of the Birmingham Hospital Saturday movement was held at the Council House last Wednesday evening. The total of this year's collection, amounting to £6821 17*s.* 11*d.*, was divided, after deducting £334 6*s.* for expenses, and reserving £87 11*s.* 11*d.* Some idea of the substantial help derived from this source by the Birmingham medical charities may be formed from the principal cheques which have been handed over by the Treasurer—to the General Hospital, £2151 8*s.* 4*d.*; to the Queen's Hospital, £1201 14*s.* 5*d.*; the General Dispensary, £715 10*s.* 6*d.*; the Children's Hospital, £577 2*s.* 4*d.*, &c.

TEMPERANCE LEGISLATION.

ATTENTION has been once again drawn to the great evils inflicted on our race and on those who live under its rule, otherwise mainly beneficent, by drunkenness. The question of treatment has already been frequently discussed, and not without result in a large diminution in the prevalence of this fatal habit. The subject, as taken up at the recent Temperance Congress, extends over a wider field, and will bear still further consideration. As to the theory of temperance, our own views are in accord with those most frequently published and with physiological teaching—namely, that alcohol is to be used to satisfy a necessity, not a desire; and that its occasional and sparing use at the table cannot, on scientific grounds, be condemned as if it were an actual poison. We are disposed, accordingly, to discourage the general use of stimulants allowed by custom, and to devote them to the need of persons in weakened health. Discouragement is no doubt a somewhat vague term. From the medical standpoint it is strictly equivalent to dissuasion; but if it is to act as a practical check upon drunkenness, it must, at all events sometimes, mean more than this. Local option and the compulsory restraint of inebriates' are methods included in this extended meaning which have been freely discussed by the members of the Congress. It is significant with regard to the latter that restraint of a somewhat vigorous kind has been legally applied for years in many of our most flourishing colonies, apparently with the best effects, and without engendering any of that feeling of injustice which might have followed such a marked coercion of the individual. The hint is not to be neglected. It should do much to influence public opinion at home in favour of a legislative movement in this direction. Those who oppose this benevolent compulsion can hardly plead the liberty of the subject of intoxication. An occasional relapse into drunken indulgence might not, indeed, justify his prolonged detention, but we have to consider further stages of alcoholism. Where the habit is formed, will and business capacity utterly unreliable, and particularly where the well-being of others is being drawn into the vortex of disaster, the drunkard is no longer merely an offender against social rule but an invalid, and restraint implies no tyranny, but is his only means of cure and the safeguard of his family. With due precautions against abuse, we should therefore advocate a measure which would considerably strengthen the imperfect provisions of our Habitual Drunkards Act.

THE DOCTORATE IN BUENOS AYRES.

A CORRESPONDENT of the *Revista Argentina de Ciencias Médicas* complains bitterly of the imperfect and irregular way in which the Buenos Ayres Faculty of Medicine examines the theses presented by candidates for the degree of Doctor. To begin with, it is extremely difficult, says the writer, to get together an examination commission at all, and when this has been accomplished and the candidate presents himself for the purpose of defending his propositions, it may be seen that none of the members of the commission have found time to read even the title-page of the dissertation which the candidate has published. The exercise under these circumstances, if they really are as stated by the writer, can hardly fail to degenerate into a farce.

DAMP TENTS AT WIMBLEDON.

THERE is a good deal to be said for the system which requires that Volunteers while engaged in military manœuvres should "rough it" like soldiers on active service. The Volunteer force is for the time being an army in the field. It is, after all, only practising some of the habits and usages which belong to it as a professional body, and these its members must acquire if they are to be relied upon in case of a national emergency. The rough open-air life of such occasions is fitted to invigorate rather than to weaken men of ordinarily strong physique, and none who cannot be thus described should engage in it. It is different with such gatherings as the Wimbledon Meeting. There is but one work to be done, and that demands for its successful execution a steadiness of head and hand, and a freedom from uneasiness generally, which are incompatible with the inconvenience of a wet-clad life on wet ground, and the frequent rheumatic consequences of such a life. A Volunteer marksman writes to ask that wooden flooring, one of the allowed luxuries of the Common, should be made a regular part of the furniture of all tents in use there at the present time. In the circumstances—a great shooting crisis in uncertain British weather—his request seems only reasonable, if the question as to funds can be satisfactorily answered.

PROPOSED CONJOINT EXAMINING SCHEME FOR IRELAND.

THE joint committee of the Royal College of Surgeons and the College of Physicians, Ireland, have made great progress with the scheme for a conjoint examination between the two Colleges, on the basis of the London Colleges. The fees for the diploma will, it is believed, remain as at present. The Council of the Royal College of Surgeons need not refer the matter to the Fellows for adoption, but will probably submit the scheme when completed to a meeting of the College. The Apothecaries' Hall has been excluded, an arrangement very unwillingly agreed to by the College of Surgeons.

TREATMENT OF THE BITES OF RABID DOGS.

THE chief surgeon to the Metropolitan police, Mr. Mackellar, has issued a circular to the divisional surgeons advising that in cases of bites of dogs reported to be rabid the following treatment should be adopted:—"When possible a ligature to be applied above the part bitten; prompt and thorough suction of the wound, freely washing with water, and the application of absolute phenol (pure carbolic acid). The individual sucking the wound (usually the patient himself) to spit out all the matter so sucked, and to freely wash out the mouth with water. Should the wound be a punctured wound, make a crucial incision, promote and encourage bleeding, and treat as above." The circular adds that the use of nitrate of silver is to be condemned as inefficient, and that the phenol is painful only for a few minutes.

VIEWING REMAINS.

THE most that can possibly be said in favour of keeping up the absurd custom of compelling coroners' juries to "view" the remains of the subjects of inquest is that it is an ancient usage. No conceivable purpose is answered or even assumed, as the object of the inquiry is not to determine the *fact*, but to ascertain the "cause" of the death. If, however, it were necessary that those who serve on juries should be exposed to this disgusting and often dangerous ordeal, there would not be any excuse for increasing the risk incurred by neglect of the most ordinary sanitary precautions. The manner in which this neglect is practised at some of the metropolitan mortuaries would seem to be marvellous. The Home Office ought to be moved in the matter. It is useless remonstrating with local authorities. Better not waste precious time, but go at once to head-quarters to obtain the reform urgently needed.

FOREIGN UNIVERSITIES AND PROFESSORSHIPS.

DR. JOSEPH FORSTER, Professor of Hygiene in Amsterdam, has been elected a member of the Netherlands Academy of Sciences.

The University of Bern has at present both a Medical Rector, Professor Pflüger (Ophthalmology), and a Medical Dean, Professor Kronecker (Physiology).

The Academy of Lausanne, which has hitherto only possessed three medical professorships—viz., Anatomy, Physiology, and Histology, held respectively by Professors Bugnion, Herzen, and Löwenthal,—is now likely to be transformed into a complete university, the means having been furnished by a Russian, who has bequeathed a sum of money to the town for this purpose.

Dr. H. Fol, Professor of Embryology in Geneva, has resigned his post. He has issued a pamphlet explaining the circumstances which have induced him to take this step. The Professor has published various researches on malformations, a human embryo, and notably one on a micro-organism found in the spinal cord of rabid animals.

MEDICAL DOCUMENTS.

THE Medical Council, at their recent session, resolved to form a Library of Reference, to consist of Acts of Parliament, Parliamentary Reports and Bills, edicts, charters, statutes, and calendars, statistical records, books, pamphlets, or documents relating to medical education, examination, qualification, and registration, or to the government of the profession at home or in any foreign country or our own colonies. The Council will gratefully receive and acknowledge any presents of this kind. It is intended that every registered practitioner shall have access to this library.

HYDATID OF THE LUNG PRODUCING NO SYMPTOMS.

A SPECIMEN of hydatid cyst of the lung was shown at a recent meeting of the Paris Anatomical Society by M. Limpéropoulo. It was situated in the parenchyma, and was about the size of a large nut, the wall being thick and containing calcareous granules. No symptom of this foreign body's existence in the lung was observed during life, beyond some chronic bronchitis and emphysema from which the patient suffered. There were, besides, cardiac hypertrophy and interstitial nephritis.

THE DENTAL HOSPITAL.

WE understand that at the recent election at the Dental Hospital of London a gentleman was selected to fill the vacancy on the staff who merely holds the licence in dental surgery of the Royal College of Surgeons, notwithstanding that there was amongst the candidates at least one having in addition the M.R.C.S. and L.R.C.P. As we have always maintained that the dental surgeon should, like his *confrères* the ophthalmic and aural surgeons, be a qualified member of the prosession first and a specialist afterwards, we regret that a departure from this important principle should have occurred at such a prominent teaching centre as the above-named institution.

TUBERCLE BACILLI IN URINE.

BIZZOZERO'S "Archivio per le Scienze Mediche" (vol. x., n. 19, p. 417) contains a memoir by Dr. Marpurgo under the title "Colonies of the Bacilli of Tuberculosis in Urine." The patient was first seen on the 7th January ult. by Professor de Giovanni in Padua, and he diagnosed renal tuberculosis. The urine (sp. gr. 1026, slightly albuminous) contained large numbers of bacilli, corresponding in every particular with those described by Koch as characteristic of tubercle.

VACATION COURSES AT MUNICH.

THE University of Munich announces a series of vacation courses for practitioners, beginning on September 30th and concluding on October 27th. The subjects include histology, pathological anatomy, post-mortems, bacteriology, medical diagnosis, chemical diagnosis, new methods of treatment, clinical microscopy, children's diseases, laryngoscopy, dermatology and syphilis, surgery, bandaging, orthopædics, ophthalmoscopy, midwifery operations, gynæcological operations, vaginal examinations, and hygienic examination methods. Communications may be addressed to Herrn Privat Docent Dr. Stumpf, Sonnenstrasse, No. 16, München.

DIPHTHERIA IN THE MATERNITY WARDS IN MADRID.

THE Spanish medical journals report that the epidemic of diphtheria which is now prevailing in the capital, having proved fatal to a number of children and some adults, has more recently invaded the gynæcological and maternity wards of the clinical hospital of the College of San Carlos, the sanitary arrangements of which are well known to be exceedingly defective. Numbers of the parturient patients are stated to be suffering from angina diphtheritica of a very fatal character, resisting all the most approved methods of treatment.

THE FUNCTION OF THE TONSILS.

DR. R. HINGSTON FOX, in an interesting article on the Functions of the Tonsils in the twentieth volume of the *Journal of Anatomy and Physiology*, expresses the opinion that these glands belong to the digestive and not the respiratory tract, and that their function is to reabsorb certain constituents of the saliva in the intervals of meals which would otherwise be wasted. He thinks that the view of their having an absorbing function is further supported by the strong evidence of the power of the tonsils to absorb morbid poisons directly from the saliva.

ESERINE AND PILOCARPINE FOR GLAUCOMA.

IT has been objected against eserine that it increases the intra-ocular pressure whilst contracting the pupil; pilocarpine, on the other hand, is said to lower the intra-ocular tension. These myotics have been set against one another in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intra-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.

HOSPITAL SUNDAY FUND.

THE amount received up to the evening of the 22nd inst. was £36,679, being nearly £5000 in excess of the total sum paid into the Fund last year. Collections yet to be paid in will, we trust, show a still greater increase.

REPORTS relative to the health of the British troops in Egypt up to the 18th ult., just received, show that the total number then remaining in hospital at Assouan was 256, and during the week the deaths had been 27, including 20 from sunstroke or heat, 5 from enteric fever, and 1 from dysentery. Ten per cent. of the troops were sick, exclusive of those invalided.

C. SHERRINGTON, M.B. of Cambridge University, and Rolla E. Rouse, M.D. of London University, have proceeded to Italy, at the request of the Royal Society and the Scientific Research Committee of the British Medical Association, to investigate the causes of the present epidemic of cholera.

THE Medical School of Mexico, having only recently lost by death three of its professors, Drs. Velasco, Montes de Oca, and Ortega, has now to deplore the decease of the senior member of its staff, Dr. Rafael Lucio, who has been connected with the school since its resuscitation in 1833. Dr. Lucio enjoyed a large practice, and his opinion was greatly sought after even at long distances from the capital, both by practitioners and patients. *El Observador Médico* says that it will be impossible to fill the place now so unhappily left vacant.

THE INTERNATIONAL RECORD OF CHARITIES AND CORRECTION is the title of a New York monthly publication, the first five numbers of which have reached us. It aims to fill an unoccupied place in the world, no journal of precisely similar character and scope having ever been published. To those interested (and few are not) in the causes and remedy of social evils—poverty, ignorance, disease, vice, and crime—its columns are certain to prove attractive.

THE vacancies in the medical staff of King's College Hospital, occasioned by the resignation of Dr. George Johnson and the death of Mr. Royes Bell, have been filled by the appointment of Norman Dalton, M.D., as Assistant-Physician, and A. Boyce Barrow, M.B., F.R.C.S., as Assistant-Surgeon.

Pharmacology, Therapeutics, and Dietetics.

SICILIAN CORVO WINES. (R. JAMIESON, EDINBURGH.)

THESE wines (white and red) have been recently introduced as rivals to the French clarets, which they much resemble. They are pure natural wines, and are well suited for any cases in which the corresponding French wines are ordered, over which, moreover, they have some distinct advantages. The red wine is a good tonic, slightly astringent, and adapted for cases of atonic dyspepsia. It has a delicate bouquet, and may be taken by itself or diluted with an equal quantity of water. The amount of alcohol is not in excess—in fact, is less than in most ordinary clarets. The white wine is a stronger and richer wine, contains more sugar, and is gently laxative. It might be advantageously ordered in cases in which constipation is present. Altogether we have been very strongly impressed with the excellence of the Corvo wines.

RHUS RADICANS.

Señor Fernando Altarnirando, writing in the Mexican journal *El Observador Medico* on a plant called locally the Guau or the Mala Mujer, the scientific name of which is Rhus Radicans, states that its active principle is of a peculiarly volatile nature, and relates the case of a man who, after collecting and cutting the plant up, complained of chills and a feeling of extreme fatigue, and subsequently developed a rash, at first erythematous and afterwards pustular, affecting chiefly the groins, axillæ, and other parts where the sudorific glands are most numerous. The action of the exhalation from the plant could not well have been direct, as the parts chiefly affected were covered with clothes, and so the writer suggests that the active principle must have entered by the respiratory passages, being then carried by the blood to the skin, where its action became manifest. He advises that preparations of the drug should be made from the freshly-cut plant and its juice, and that all the collecting should be done before sunrise. The tincture might be made use of, but the extract must necessarily be inactive—as, indeed, it has proved itself, having been experimented on by Dr. Dominguez. In case of accidental poisoning, such as in the patient mentioned, the indications would be to produce diaphoresis and to maintain the skin in a state of moisture. In order to prevent toxic effects, those who gather or manipulate the plant should be careful not to breathe air which has passed over it, but should keep to windward of it.

ARBUTIN.

Dr. Borisoff of St. Petersburg, having recently examined "the pharmacological action of arbutin, a glucoside obtained from the leaves of Uva ursi," by means of experiments on dogs and frogs, finds that it has a decided diuretic effect, due to stimulation of the epithelium of the Malpighian bodies and urinary tubules of the kidney, and to increased circulation of blood through the kidneys. Though large doses of arbutin exercise a paralysing effect on the brain of the frog, little general disturbance is caused by the drug in warm-blooded animals, even if given in considerable doses. It exercises a distinct antiseptic influence in lessening the formation of pus in cases of purulent inflammation of the bladder and kidney. Dr. Borisoff thinks this drug may be found of much use in practice. He would give larger doses than those which have been suggested by some writers—e.g., M. Levine. He would commence with from one to two grammes (fifteen to thirty grains), given several times a day in powder or dissolved in water. He has made a diligent search through the scientific journals of all nations for the literature of the subject, and has collected no less than forty-three different articles, mostly from German sources, but with a few American and Russian exceptions.

HYPODERMIC INJECTION OF CARBOLIC ACID IN ERYSIPELAS.

In the venereal wards, under the care of Dr. Montes de Oca, in Buenos Ayres, considerable success has been obtained in cases of erysipelas by the injection of a 2 per cent. solution of carbolic acid, as recommended by Hueter, Boeckel, and Sukowenkoff. Care was taken to introduce the carbolic acid as near as possible to the part attacked. In one case where a patient with syphilitic cachexia had been attacked for the second time, six injections, two being given daily, served to limit the affection to the right ear, which was the part affected, and to entirely prevent its spreading further.

PILIGANINE.

M. Laborde recently presented to the Paris Biological Society a note from M. Bardet on the action of piliganine, one of the alkaloids of the piligan. It is stated to be a convulsive poison with a strong emeto-cathartic action. M. Brown-Séquard remarked that it must therefore be an exception to the rule, for all known convulsive poisons were devoid of action on the digestive canal. M. Grimaux explained that the convulsive effects had been obtained from the alkaloid, while the gastro-intestinal effects had been produced by an infusion of the piligan, so that it was not clear that the infusion contained the alkaloid; indeed, it might have contained some other alkaloid belonging to the same plant.

ON

PASTEUR AND PROTECTIVE INOCULATIONS AGAINST ZYMOTIC DISEASE.

BY T. WHITESIDE HIME, A.B., M.B. DUB., &c.

AN address on the above subject was delivered on Thureday, the 8th inst., at the Royal Institution, Albemarle-street. Dr. Hime observed at the commencement of his address that it seemed to him appropriate that the Royal Institution, which was indissolubly connected with the brilliant researches of Davy, Faraday, and Tyndall in physical science, should be selected as the place for the consideration of the no less remarkable discoveries of Pasteur in another field of labour. If this age had been distinguished as one in which the physical forces are being rendered the docile servitors of man's comfort and convenience, it was no less markedly characterised as the age in which some of the deadly foes of human life, and of the lives of animals most valuable to man, had been not only brought to light but subdued. The object of the address was to trace the connexion between the various studies carried out by Pasteur, and show that, intricate as may be the labyrinth leading from his early studies on alcoholic fermentation to his latest and most astonishing investigations as to preventive inoculations against rabies, still there is a thread which guides safely along the difficult

path. The discovery of the anti-rabic inoculation was not his greatest, though it undoubtedly is that which has attracted most attention. This fact was probably due to the horrible fascination associated with rabies, arising partly from the cruel uncertainty as to what may ensue after a bite, partly from the sudden onset when the disease does break out, largely to the terrible fact that practically every person in whom the symptoms of rabies were once developed might be regarded as condemned to death without hope of reprieve. Estimated according to the actual deaths resulting from it, hydrophobia would be a very insignificant disease. The deaths during the thirty-eight years ending 1884 in England numbered 884. During the ten years ending 1860 they were 98, during the next ten years 143, and during the ten years ending 1880 they had increased to 477—a very sensible increase. After a brief biographical notice of Pasteur, who is now in his sixty-fourth year, and was born in Dole, in the east of France, Dr. Hime stated that his earlier works were purely chemical, his studies having been especially devoted to that branch of science. But he was soon engaged in that path of research which he has ever since been following. His anti-rabic inoculations should not be regarded as an isolated discovery unassociated with any kindred one, and altogether without precedent. It was, on the contrary, a logical and natural outcome of his preceding investigations; and there is reason to hope that future discoveries in the same direction will be made. Nor was this method his first or his greatest discovery. Indeed, being a natural induction from earlier work of his, the source from which the anti-rabic method has flowed must be regarded as a greater discovery still. The phenomena of alcoholic fermentation are as old as Adam; yet never until Pasteur had investigated the subject was it known that they are the result of the vital action of the ferment. The meaningless and unscientific theory of action "by contact" had been considered by Berzelius and Mitscherlich a sufficiently satisfactory source from which to derive the process of fermentation; while Liebig considered that the effects (fermentation) were due, not to the physiological action of the plant, but to some mysterious influence exercised by the dead ferment on the fermentable matter. By showing that yeast will grow in a solution of entirely inorganic matter, he proved that the multiplication of the yeast, essential to fermentation, is a purely physiological process, and is not the result of any special function of dead organic matter with which it may be in contact. His studies in this important direction completely annihilated the theory of spontaneous generation occurring in our present age. By delicate experiments, which at the time were wonderfully original, but now are familiar to thousands, he showed that putrefaction and fermentation could be entirely prevented by the exclusion of the microbes (ferments) so abundant in the air, when once the fermentable or putrescible substance had been sterilised. This exclusion is effectually secured by causing the air to filter through cotton-wool before it comes in contact with the organic matter. Having established the necessity for microbic action in such processes as fermentation, Pasteur first utilised this knowledge in treating what may be termed the diseases of vinegar, wine, &c., these being articles of great commercial value in France. He showed that the "turning" of vinegar, which led to the loss of vast quantities of the material and great pecuniary loss, was due to the action of a special ferment, which, absent from good vinegar, was always present in the vinegar which went bad; and further, he showed how it could be destroyed, and that if the vinegar was sterilised of this ferment it would keep good. Much damage was suffered from the "turning" of wine—some becoming bitter, others ropy, &c. Pasteur showed that these morbid conditions were the result of the activity of a ferment, which could be killed by raising the wine to a temperature of 130° to 140°F., the flavour, appearance, and keeping power of the liquid not being in the least deteriorated. The microbes which effect these destructive changes in vinegar, wine, beer, and, as we see in every-day life, in every form of organic matter, are present in the air. The blood and other tissues of the body are capable of providing nutriment to some of them, not to others. Some, when injected into the living blood, even in millions, speedily perish, no trace being found after a few hours. It has been shown, in a very important study by Wyssokowitch[1] that such organisms are not eliminated through the kidneys, as has commonly been supposed, but that the liver and spleen are the organs where they are to be found last. Other organisms, when thus introduced into the blood, find there all the conditions favourable to their growth and multiplication, and they multiply with such incredible rapidity, and penetrate into every region of the body, so that the normal and regular action of the various organs and tissues of the body is interfered with, and we have a condition of disease established. That these organisms are not omnipresent is seen from the common experience that they do not attack, for example, the whole surface of a fermentable substance at once. Putrefaction, which is simply a form of fermentation with disengagement of offensive gases, does not attack the whole surface of a piece of meat, but begins at certain points.

The marked similarity between the phenomena noticeable in certain diseases of men and animals and the commonest form of fermentation had long been observed and commented on. Professor Henle, in a remarkable work on Pathology, published in 1841, reviewed these analogous changes, and from purely theoretical grounds drew the conclusion that the cause of such disease must be living organisms. It was from similar reasoning that Dr. Farr applied the term "zymotic" or fermentive to them, a term which had been almost universally adopted. If a minute quantity of yeast be added to (inoculated on) a solution of sugar, and be kept moderately warm, the sugar will gradually disappear, while the yeast will grow, and ultimately it will be found that the whole mass of the fluid has undergone some change which deprives it of the power of fermenting again; to borrow a medical term, it has become "protected" or "refractory" against further inoculation with yeast. When a person is inoculated with small-pox, gradually the whole mass of the body becomes infected, the virus penetrating from the point of inoculation, the temperature rises, and there ensue symptoms of general disturbance; there is multiplication and increase of the quantity of virus introduced; and as the patient gets better, it is found that he has undergone some change which renders him proof against further inoculation with the virus—he is "protected" or "refractory." The enormous growth in the quantity of virus which occurs when, in consequence of the inoculation of the size of a pin's head, there is produced a copious confluent eruption, compels the belief that this increase is due to a real growth of an organism; and the virus can be propagated in this way *ad infinitum*. Now a chemical compound cannot be "growy." A definite quantity of carbon will combine with a certain proportion of oxygen, and then carbonic acid will be produced; but there will be no more carbon in the resulting carbonic acid than was added to the oxygen. The virus, however, has enormously increased, and it will always multiply when inoculated on suitable soil. Inoculation which had been largely practised to acquire protection against severe attacks of small-pox had to be abandoned and forbidden by law, as it led to an increase of the disease throughout the country. Although the inoculated persons had a very mild attack, still they had genuine small-pox, and could infect others with the worst form. About this time Jenner's great discovery was made. This was not that persons who had been infected with cow-pox escaped variola (the dairy folk of Gloucestershire were able to teach him that fact), but the fact that matter taken from a human being suffering from cow-pox might be used for vaccinating another human being without having recourse to the cow, and that, in fact, after the first vaccination the cow was no longer needed, the humanised lymph being as protective as the original. This was Jenner's great discovery. To perpetuate it Pasteur applied the term "vaccin" to the protective material which he had been able to prepare so as to provide against other diseases. The inefficiency of the protection sometimes afforded by vaccination Dr. Hime considered due to the imperfect performance of the operation, and especially to the insufficient quantity of lymph used. The protection acquired by those with four good cicatrices was known to be enormously greater than that of persons with one. And our present knowledge proves that the struggle for existence which the inoculated organisms must undergo may readily lead to their destruction. If there are not a sufficient number, therefore, they cannot multiply and produce the necessary specific infection. It was when investigating fowl cholera that Pasteur first found that a microbe was the specific cause of the disease. He discovered, further, that it could be propagated outside

[1] Archiv f. Hygiene, B. I.

the fowl's body in sterilised material, and after two generations of such cultures the virus did not lose its specific characters or intensity if each culture was made from the preceding one at short intervals. If a delay of a few days occurred the virus became weaker, and it could then be obtained of various degrees of virulence, some fatally strong, others so attenuated that a bird inoculated with it only had a trifling illness—but, happy discovery, this trifling ailment protected it against subsequent inoculation with the strongest virus. But he further discovered that the virus could be cultivated of each degree of intensity without altering its strength: the weakest could be cultivated as well as the strongest, and that of any intermediate strength equally. If the weakest virus were cultivated by passing through a series of little birds, it again acquired fatal properties. These remarkable discoveries threw an entirely new light on certain phenomena, and additional and invaluable information was derived from his next investigations, which were into the nature of a destructive disease of silkworms, called "Pebrine," which was threatening almost the very existence of the worm in France and elsewhere. He ultimately, after years of investigation, proved that the disease is due to a microbe, and that if the infected eggs be destroyed only healthy worms will be hatched. He showed that the disease could be propagated by eating infected eggs, or by inoculation through scratches, and was hereditary where infected eggs were laid. The selection of infected eggs was an easy thing. Could disease of higher animals and of man be only traced in this way to their specific cause, and be eradicated? The gradual perfecting of methods of research, and the increased knowledge of processes of disease analogous to those of higher animals, gave every reason for hope. England could boast that Pasteur's discoveries were first utilised for the direct benefit of man by an Englishman, Lister's magnificent antiseptic system having been the direct outcome of Pasteur's work. What suffering, how many lives have been saved by the practice of antiseptic surgery as devised by Lister?

(To be concluded.)

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Hexham Rural District.—Dr. Maclagan has submitted to this authority his twelfth annual report on the sanitary condition of the Hexam Rural District, and, like its predecessors, that for 1885 gives evidence of the excellent supervision to which the district is subjected. The annual death-rate from 1874 to 1877 was some 20 per 1000, whereas during the past five years it has varied from 15·5 to 16·8. But even this latter rate is properly regarded as one that should be further reduced, and it is especially in the direction of a diminution in the amount of infantile mortality that the improvement should be sought. Dr. Maclagan hence discusses the causes of the needless mortality amongst children, and referring especially to the system of insurance of infants' lives, he points out that the idea that Christian men and women should profit, even in the slightest degree, from the death of their children is nothing less than horrible; and without imputing any criminal intention on the part of parents, he is quite certain that infant insurance leads to great carelessness, perhaps unintentional, in the rearing of their little ones. Another cause of excessive infant death in the district is the use of so-called soothing syrups containing opium.

Sevenoaks Urban and Rural Districts.—Against an average death-rate of 16·4 per 1000 during the past ten years, that for 1885, in the urban district, was only 14·3; and the amount of infectious disease is at its lowest ebb. Not a death from scarlet fever has occurred for four years in the town; and whilst measles was somewhat prevalent, diphtheria and fever caused each one death only. Mr. Butterfield is also able to record progress in sanitary administration, and the fact that the infectious hospital is maintained in readiness for the purposes to which it should be put. In the *rural district* the death-rate reached 16·3 per 1000. Small-pox led to a serious outbreak at Ide Hill; the disease being imported by hop-pickers. In the absence of a hospital, nurses from the Dover Institute were placed in charge of the infected houses, which, for the purposes of the Public Health Act, may be regarded as having constituted temporary infectious hospitals. Much useful sanitary work was accomplished during the year. The authority, however, successfully opposed the extension of the West Kent Water Company's mains into their district, there being an implied engagement that they would themselves make proper provision in this respect. We hope soon to see evidence of the fulfilment of the expressed intention, for the localities in the chalk hills are sadly in need of a proper and sufficient supply.

Tunbridge Rural District.—This, together with the two preceding districts, forms part of the West Kent Combination, for which Mr. Butterfield acts as health officer. The death-rate for 1885 was 17·7 per 1000, this being higher than in previous years, and the mortality included 13 deaths from diphtheria and 7 from measles. The diphtheria commenced by a fatal attack of "diphtheritic croup" at Brenchley, and by Oct. 11th 5 deaths had occurred. The schools were to be opened the next day, but this was ultimately put off till the 19th, when, no fresh cases having occurred, school work was recommenced. But the weather proved stormy and wet, and several children caught colds, which, according to Mr. Butterfield, predisposed them to infection. Anyhow, by the end of the week 5 children had diphtheria, the cases being more widely scattered than they had been hitherto. In all 16 cases and 9 deaths took place in Brenchley alone. Viewing the epidemic as a whole, Mr. Butterfield adverts to the fact that the points of interest to be noted are the persistent nature of the infection, which may lie latent until favouring seasonable influences cause a rapid diffusion of specific germs, the marked effect of contact in schools, and also the ease with which the poison seemed to be transported from place to place by persons apparently uninfected. He also holds it to be probable that a person who has once had diphtheria may continue to redevelop the disease for a considerable time, thus confirming the view which has recently been put forward by Dr. Astley Gresswell.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5929 births and 3426 deaths were registered during the week ending July 17th. The annual death-rate in these towns, which had slowly increased in the preceding four weeks, from 16·8 to 18·4, further rose last week to 19·7. During the thirteen weeks of last quarter the death-rate in these towns averaged only 18·6 per 1000, and was 2·9 below the mean rate in the corresponding periods of the ten years 1876-85. The lowest rates in these towns last week were 12·1 in Brighton, 13·0 in Huddersfield, 13·9 in Hull, and 14·2 in Derby. The rates in the other towns ranged upwards to 21·9 in Newcastle-upon-Tyne, 22·7 in Blackburn, 24·7 in Preston, and 24·8 in Manchester. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had steadily increased in the preceding five weeks from 263 to 474, further rose last week, under the influence of the greater mortality from infantile diarrhœa, to 652; they included 411 from diarrhœa, 93 from measles, 50 from whooping-cough, 44 from scarlet fever, 39 from "fever" (principally enteric), 17 from diphtheria, and 1 from small-pox. No death from any of these zymotic diseases was recorded last week either in Wolverhampton or in Halifax; whereas they caused the highest death-rates in Bradford, Blackburn, Leicester, and Preston. The mortality from diarrhœa showed a further general increase; the largest excess occurred in Blackburn, Bradford, Leicester, and London. Measles caused the highest death-rates in Blackburn, Bolton, and Preston; whooping-cough in Preston; scarlet fever in Salford and Oldham; and "fever" in Nottingham, Portsmouth, Plymouth, and Cardiff. The seventeen deaths from diphtheria in the twenty-eight towns included 14 in London. Small-pox caused 1 death among the residents of London and 1 in Liverpool, but not one in any of the twenty-six other large provincial towns. The number of small-pox patients in the metropolitan hospitals situated in and around London, which had declined in the preceding four weeks from 31 to 12, were 13 on Saturday last; 3 cases were admitted to these hospitals during the week, corresponding with the number in the previous week. The

deaths referred to diseases of the respiratory organs in London, which had been 197 and 190 in the preceding two weeks, further declined last week to 167, and were 37 below the corrected average. The causes of 60, or 1·8 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Hull, Nottingham, Leicester, Portsmouth, and in seven other smaller towns. The largest proportions of uncertified deaths were registered in Blackburn, Halifax, and Bristol.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20·8 and 19·0 per 1000 in the preceding two weeks, was 19·2 in the week ending July 17th; this rate was 0·5 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 8·2 and 13·9 in Perth and Greenock, to 21·7 in Glasgow and 23·4 in Paisley. The 475 deaths in the eight towns showed an increase of 4 upon the number in the previous week, and included 27 which were referred to diarrhœa, 18 to whooping-cough, 10 to measles, 7 to scarlet fever, 4 to "fever" (typhus, enteric, or simple), 1 to diphtheria, and 1 to small-pox; in all, 68 deaths resulted from these principal zymotic diseases, against 59 and 64 in the preceding two weeks. These 68 deaths were equal to an annual rate of 2·8 per 1000, which was 1·0 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 10 and 17 in the previous two weeks, further rose last week to 18, of which 14 occurred in Glasgow and 3 in Edinburgh. The deaths attributed to diarrhœa, which had steadily increased in the preceding five weeks from 7 to 24, further rose last week to 27, and exceeded the number returned in the corresponding week of last year by 6; they included 14 in Glasgow, 6 in Dundee, and 4 in Paisley. The 10 deaths from measles showed a further slight decline from the numbers in recent weeks; 5 occurred in Edinburgh, 3 in Leith, and 2 in Glasgow. The 7 fatal cases of scarlet fever, including 5 in Glasgow, corresponded with the number in the previous week. The deaths from "fever" and diphtheria were not numerous, and were below the average. The reported death from small-pox was a death attributed to chicken-pox in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had declined in the preceding four weeks from 93 to 74, further fell last week to 73, but exceeded by 2 the number in the corresponding week of last year. The causes of 59, or more than 12 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 22·9 and 23·1 per 1000 in the preceding two weeks, declined to 19·7 in the week ending July 17th. During the thirteen weeks of last quarter the death-rate in the city averaged 25·6; whereas the mean rate during the same period did not exceed 17·2 in London and 19·7 in Edinburgh. The 133 deaths in Dublin last week showed a decline of 23 from the number in the previous week, and included 11 which were referred to the principal zymotic diseases, against 12 and 10 in the preceding two weeks; 5 resulted from "fever" (typhus, enteric, or simple), 4 from diarrhœa, 1 from scarlet fever, 1 from diphtheria, and not one either from small-pox, measles, or whooping-cough. These 11 deaths were equal to an annual rate of 1·6 per 1000, the rates from the same diseases being 5·4 in London and 2·5 in Edinburgh. The 5 fatal cases of "fever" showed an increase upon the low numbers returned in any recent weeks; and those of diarrhœa corresponded with the number in the previous week. Seven inquest cases and 8 deaths from violence were registered; and 36 (a marked decline from recent weekly numbers) were recorded in public institutions. The deaths of infants were fewer than in any previous week of this year, while those of elderly persons showed an increase upon the low number in the previous week. The causes of 13, or nearly 10 per cent., of the deaths registered during the week were not certified.

MORTALITY IN METROPOLITAN SANITARY AREAS.

The recent death-rate in London has been unprecedentedly low, and averaged only 17·2 per 1000 during the thirteen weeks of last quarter. This rate was not only the lowest on record for London in the second quarter of the year, but was 3·5 per 1000 below the mean rate in the corresponding periods of the ten years 1876-85. The last weekly return of the Registrar-General contains a table which affords the means of comparing the varying rates of mortality that prevailed during last quarter in the several metropolitan sanitary areas; all the deaths that occurred in the various public institutions having been referred to the areas from which the deceased inmates had been admitted. It appears that, after this distribution, whereas the death-rate was so low as 15·6 in the west and north groups of districts, it was 16·8 in the south districts, 18·4 in the east, and 22·2 in the central. If the local death-rates be calculated in still greater detail, it appears that the following sanitary areas showed excessive rates. The death-rate during the thirteen weeks of last quarter was equal to 22·3 in the Strand, 22·4 in St. Giles's, 23·9 in St. George's, Southwark, 24·6 in St. George's-in-the-East, 25·5 in Holborn, and 27·5 in St. Luke's. It is evident, therefore, that, low as the general London rate was during last quarter, there were no less than six sanitary districts in which the mortality was markedly excessive, not only when compared with the abnormally low rates of last quarter, but when put in comparison with ordinary urban death-rates. These six districts include a large proportion of the most over-crowded and insanitary slums of the metropolis, but none the less are their high death-rates a disgrace to London, throwing a grave responsibility upon their sanitary authorities. With reference to the distribution of fatal zymotic disease in London during last quarter, it may be noted that only 9 deaths from small-pox occurred among the residents of London; of these 2 belonged to St. Pancras, 2 to St. George's, Southwark, and 2 to Lambeth. Measles mortality showed the largest excess in Fulham, St. Luke's, Shoreditch, Camberwell, Greenwich, and Plumstead sanitary areas. One of the most noteworthy results of improved sanitary organisation in London in recent years has been the remarkable decline in the mortality from scarlet fever, and during last quarter only 102 deaths from this disease occurred among the residents of London, the corrected average number being 401. It should be pointed out, however, that 50 of these deaths belonged to East London, the greatest mortality occurring in Mile-end Old Town, where the smallest proportion of cases are sent for isolation in the Metropolitan Asylum Hospitals. Enteric fever mortality has shown a still larger decline in recent years than scarlet fever, and this decline is fully as marked in London as in the rest of England and Wales; the mortality from this disease in London last quarter showed the largest excess in the South districts, especially in Camberwell. The 2 fatal cases of typhus belonged to the crowded portions of Marylebone and of St. George's, Southwark. The successful sanitary experience of recent years points conclusively to the fact that the control of zymotic disease is literally in the hands of sanitary authorities, and of the ratepayers who elect them.

THE SERVICES.

INDIA OFFICE.—The Queen has approved of the retirement from Her Majesty's Indian Military Forces of the undermentioned officers:—Brigade Surgeon William Henry Morgan, of the Madras Medical Establishment; Brigade Surgeon Henry Robert Lawrence McDougall, M.D., of the Bombay Medical Establishment; Surgeon-Major Henry Elmsley Busteed, M.D., of the Madras Medical Establishment. The following officers have been granted a step of honorary rank on retirement:—Brigade Surgeon William Henry Morgan, of the Madras Medical Establishment, and Brigade Surgeon Henry Robert Lawrence McDougall, M.D., of the Bombay Medical Establishment, to be Deputy Surgeons-General; Surgeon-Major James Kelly, of the Bengal Medical Establishment, and Surgeon-Major Henry Elmsley Busteed, M.D., of the Madras Medical Establishment, to be Brigade Surgeons.

ADMIRALTY. — The following appointments have been made:—Surgeon Francis M. Puddicombe, to the *Asia;* Surgeon William W. Pryor, additional, to the *Indus;* Surgeon Graham E. Kennedy, to the *Medina;* Surgeon John M. M'Donnell, to the *Medway;* Surgeon John G. Webb, to the *Spey;* Surgeon Martin H. Stock, to the *Tees;* and Surgeon Edward A. Spiller, to the Haslar Hospital (temporary).

ARTILLERY VOLUNTEERS.—1st Ayrshire and Galloway:

Surgeon R. B. Erskine is granted the honorary rank of Surgeon-Major.—1st Devonshire: Peter Maury Deas, Gent., M.D., to be Acting Surgeon.

ENGINEER VOLUNTEERS.—1st Cheshire: Surgeon and Honorary Surgeon-Major C. H. Higgins, M.D., resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the corps on his retirement.

RIFLE VOLUNTEERS.—1st Dorsetshire: Acting Surgeon C. W. Parkinson to be Surgeon.—1st Volunteer Battalion, the Hampshire Regiment: Surgeon B. N. Earle is granted the honorary rank of Surgeon-Major.

Correspondence.

"Audi alteram partem."

THE CHARTERHOUSE SCHOOL.

To the Editor of THE LANCET.

SIR,—In consequence of your notice this week, and for the benefit of those amongst your readers who are interested, I think it well to acquaint you with the details of all cases of sore-throat which have occurred at Charterhouse since the present term commenced, on May 14th. They are divisible into three series:—

1. From May 14th to June 10th four cases of sore-throat came before me for treatment; one catarrhal pharyngitis, three subacute tonsillitis, occurring in different houses and attended with no complication.

2. On June 10th I was called upon to see a case in one of the eleven boarding-houses, which I immediately diagnosed as diphtheria. Two days later a second case of undoubted diphtheria (the boy occupying the next cubicle to the first) occurred in the same house; and within two more days I saw eight other sore-throats elsewhere, which had no local manifestation of diphtheria save congestion (i.e., no membrane), but all their owners had albuminuria. The simple fact of sore-throat being associated with albuminuria was sufficiently striking, and the persistence of the albumen for several days with a subfebrile temperature, taken together with the presence of two marked cases of diphtheria in another part of the school, left no room for doubt as to the nature of the eight sore-throats. These occurred in three separate houses—five in one, two in another, and one in a third. As yet no case has developed any of the paralytic phenomena which are apt to supervene upon diphtheria.

3. Since June 14th I have seen nine cases of sore-throat, one being acute tonsillitis, four mild tonsillitis, and four simple pharyngitis. None have been associated with albuminuria, only three with any rise of temperature, and their distribution has not been specially localised.

It is unnecessary for me to state how the cases of diphtheria were managed; this has been clearly enough brought to light by the recent correspondence in *The Times*, notably in the letters of Dr. Bristowe and Mr. Noble Smith. Suffice it to say, that every case occurring between June 10th and 14th was called diphtheria, and the immediate removal of each from the boarding-house recommended; that the heavy responsibility he was taking upon himself was impressed upon each house master concerned; that each was urged to acquaint the friends of his sick pupils with the nature of their illness; and that it was earnestly advised that the general *exeat* on June 26th should be stopped, not on account of measles, but on account of diphtheria.

But I am anxious to explain that I have long discarded the term "diphtheritic sore-throat" as a dissimulation; all sore-throats are diphtheria or not diphtheria. And so deeply am I impressed with the feeling that an exceedingly mild sore-throat may be the means of conveying diphtheria, that at Charterhouse I am in the habit of advising the isolation of every case of sore-throat, whatever its species. Hitherto my powers have been limited to giving advice; I am in hopes that the recent stir will secure for the future its acceptance by those few house masters whose wisdom has led them to act in opposition to it.

Inasmuch as the head-master has asked for the services of the Local Government Board, I see no present need for publicly discussing the etiology of the outbreak.

In conclusion, allow me to express, through your columns, my sense of deep gratitude to those medical friends who have felt it necessary to support me by their testimony on the present occasion.—I am, Sir, yours faithfully,

C. HAIG-BROWN, M.D.,
July 18th, 1886. Medical Officer at Charterhouse School.

THE APPROPRIATION OF PATIENTS BY CONSULTANTS.

To the Editor of THE LANCET.

SIR,—I have read with much interest the correspondence in your columns relative to the absorption of patients by consultants. Perhaps you will allow me to state how the matter appears to an experienced patient. To begin with, I absolutely deny that I am in any way the property of the general practitioner who usually attends me. When my digestion goes astray, or my respiratory organs are attacked by the cold, or I think that my kidneys are out of order, I send for him, conduct a joint examination of myself and my secretions with him, and take his medicine. When more serious and obscure ailments seize me I either send for him with a view of settling on the consultant to be resorted to, or I go straight to the consultant and take his advice, afterwards telling my usual attendant what I have been doing and what advice I have received. If I propose a joint consultation between him and the consultant, I usually observe that it vexes him, and that if he goes it is at a sacrifice of time, patience, and, I suppose, money. He has usually said: "Go yourself, and say so-and-so," giving me some technical details and phrases in which he thinks me imperfect. Our relations are affectionate and enduring, but I have never surrendered my liberty of roaming over the whole profession for advice if I consider that my physical interests require it. I cannot understand how any general practitioner in fair practice can find it worth his while to attend a patient to a consultation in the consultant's quarter, unless he happens to live in that quarter himself. As to the cry of graspingness which has been raised on behalf of the general practitioner, my experience is that in London it is far more profitable in the long run to be a general practitioner in a good neighbourhood than a consultant, however, strong his professional position, unless he happens to be a society physician or a crack operator. I happen to have known a good deal of the behind-the-scenes misery of men occupying a position of national, and indeed international, fame, who are being worried and skinned alive by money lenders to keep up a position in hopes of attracting paying patients who never come.

I am, Sir, your obedient servant,

July 21st, 1886. AN EXPERIENCED PATIENT.

THE PREVENTIVE TREATMENT OF SYPHILIS (?)

To the Editor of THE LANCET.

SIR,—The case published by Mr. Jennings in THE LANCET of the 17th inst. is instructive, as showing how very easily a lesion on the penis, due to some other cause, may be mistaken for a hard chancre. In the case reported there can be no doubt that scabies was present. The absence of evidence of that disease in the interdigital clefts is far from being uncommon, even in well-marked instances. In very young children the buttocks are often the parts earliest attacked.

In the second edition of his "Epitome" Tilbury Fox has stated: "Two or three cases of scabies limited to the penis have recently come under our notice." "In two, suppurating buboes were produced by the irritation, and the disease was thought to be syphilitic." "The diagnosis was rendered easy ..... by the absence of any concomitant evidence of syphilis."

The supposed chancre had apparently been destroyed before the case was seen by Sir William Jenner. The diagnosis of syphilis rested, therefore, upon Mr. Jennings. Accepting his version of the facts, Sir William was no doubt justified in suggesting "the free exhibition of mercury internally."

Now for the evidence of syphilis:—

1. The supposed chancre appeared nearly three weeks after suspicious connexion. "The lymphatic glands in both inguinal regions were slightly enlarged. The physical condition of the lesion on the penis led me to consider it a

hard chancre not yet arrived at maturity." I should be glad to know whether the lymphatic glands are usually or ever affected within "three or four days" of the appearance of the sore? and whether a sore in the "immature" stage has ever been known to cause such enlargement? On the other hand, it is common to find glandular enlargement as the result of the intense irritation set up by the *acarus*, and there is no reason why such should not have been the origin of the enlargement in this case.

2. "The internal use of mercury was discontinued after six weeks." Why? The customary period for administering mercury after a suspicious sore is considerably longer than that number of months, and in this case mercury was given "in order to combat the effects of any portion of syphilitic virus already absorbed." However, in spite of this, the patient soon regained his usual health, and "none of the secondary manifestations of syphilis have appeared." Probably the result would have been the same if the treatment had been restricted to the judicious application of sulphur ointment.

The only conclusions I can draw, therefore, are: 1. That the enlargement of the inguinal glands resulted from some irritation other than that of an *immature* syphilitic sore. 2. That the sore was not syphilitic at all, but was merely an extension of the scabies from the "loins, buttocks," or neighbouring parts. 3. That the appearance of the nodule "at the precise spot" where the penis had been abraded was a mere coincidence. 4. That the semi-indurated, raised nodules, with surrounding inflammatory zones, so often seen in scabies, may, when seen in suspicious spots, not infrequently be mistaken for chancres, and may thus subject the patient to the application of a cautery and to a free exhibition of mercurials.

I am, Sir, yours faithfully,

Pall-mall East, July 19th, 1886. ARTHUR HARRIES, M.D.

To the Editor of THE LANCET.

SIR,—In a letter under the above heading in your issue of the 17th inst., Mr. Jennings claims to have succeeded in curing syphilis, but I venture to think that he has failed to prove his contention. On reading his letter, the first question which naturally rises is this, Was the single case on which he bases his opinion really one of syphilis? The diagnosis of this disease from the chancre is a matter of great difficulty, and is often impossible. Although in his case the glands were enlarged, we are not told whether they exhibited the characteristic specific *induration;* while, on the other hand, the irritation of the scabies might have caused them to enlarge temporarily. The absence of other diagnostic signs certainly leaves it a matter of doubt whether he was really dealing with a case of syphilis or not. But if we accept the case as one of syphilis, Mr. Jennings has surely confused the issue by the use of mercury, for it is an accepted fact that if mercury be given in the primary stage, it may abort the secondary symptoms, though sooner or later signs of the syphilis will appear. The patient would require to be kept under observation for years—for a lifetime—if we are to be sure that the syphilis has been cured. Syphilis is not a continuous disease, but is liable to varying periods of activity and quiescence, periods the length of which may be affected by treatment. The primary sore is the local manifestation of a general disease which has existed for several weeks before the appearance of the chancre, so that Mr. Jennings' "prevention of syphilis" would seem in any case to be a misnomer, while the "cure" is open to doubt. The poison having entered the body several weeks before, can it reasonably be expected that the destruction of the chancre will cure the disease? Why should not the enlarged glands be also attacked by the thermo-cautery? Hill applied nitric acid to a torn frænum twelve hours after connexion, and Diday applied caustic to a chancre six hours after its appearance, yet in both secondary symptoms followed. But, after all, the treatment suggested is hardly new, for as far back as 1840 it was proposed to cut out the chancre. I have seen the chancre cut out in several cases, and I have myself removed it more than once, but in all the cases the secondary symptoms followed in due course. Kölliker has reported eight cases where the chancre was early excised, in five of which syphilis followed, and in the remaining three cases we may claim some allowance for errors in diagnosis which are certain to occur even with the most careful observer. This, then, is a more thorough test than Mr. Jennings' solitary case. The removal of the chancre, it has been asserted, modifies the subsequent syphilis, but this, I think, is still *sub judice*.

I trust the advice given in Mr. Jennings' letter will not be extensively acted upon until some more rigid experiment has demonstrated the accuracy of the deductions it contains. Were it widely followed, we should soon have the cautery applied to every venereal sore, and it would cause some patients much unnecessary pain and anxiety, while to others it would impart a feeling of security which subsequent events might prove to have been false.

I am, Sir, yours faithfully,

R. MCKENZIE JOHNSTON, M.D., F.R.C.S.Ed.

Edinburgh, July 20th, 1886.

To the Editor of THE LANCET.

SIR,—I read with interest the notes on "The Preventive Treatment of Syphilis," by Mr. C. E. Jennings, in your issue of July 17th. I have met with five cases presenting signs similar, in so far as regards danger of specific poisoning, to the one he describes. In all of my cases there was a hard elevated nodule on the dorsum of the penis of the consistence of fibro-cartilage, and sufficient pain and inflammation surrounding the new growth to cause the patient to seek advice. The lympathic glands in one or other inguinal region were in every case enlarged and painful on pressure. The nodules in my cases were about the size of split peas, distinctly circumscribed, but thinner at the margins than at the centre, and varied in position from the root of the penis to immediately behind the corona. All of my cases followed doubtful sexual intercourse, the periods of incubation ranging from ten to twenty days. At the time the first case of this description came under my notice I had under observation a case of gonorrhœa in which, as not infrequently happens, a hard thin plate-like body, about one-eighth of an inch in length and rather less in breadth, had developed in two days, and encircled the urethra immediately behind the frænum. The similarity in feeling of the two growths led me to think that probably they were of a similar nature, and that, although the nodule on the dorsum of the penis was due to a poison which had gained admittance into the system during impure intercourse, the virus was not that of syphilis. I accordingly ordered no antisyphilitic remedies. The nodule gradually disappeared, and was not followed by any secondary symptoms. I treated the other cases in a similar manner, with a like result. I am, Sir, yours faithfully,

Llandudno, July 20th, 1886. JAMES CRAIG, M.B.

LIVERPOOL.

(From our own Correspondent.)

THREATENED WATER FAMINE.

OWING to the long-continued hot weather, with absence of rain, we are again threatened with a water famine, and, greatly to the inconvenience of the inhabitants, the authorities have recently placed the city upon a half-service, which means that the supply of water is limited to the hours of from 5 A.M. to 5 P.M. Fortunately, a heavy thunderstorm has occurred to-day, and we are likely to have more rain. It is greatly to be hoped that the constant service will soon be renewed.

THE ELECTION OF MR. REGINALD HARRISON.

The news of Mr. Harrison's election to one of the vacant seats on the Council of the Royal College of Surgeons was received with great satisfaction in local medical circles. Admitting freely all the great services which the metropolitan Fellows have rendered to the profession in general and the College in particular, the presence of provincial Fellows on the Council of the latter is an arrangement, the justice of which has long been also admitted; and as Birmingham, Leeds, and Manchester have each for years had a representative, it is felt that it is now high time that Liverpool had also its local representative. Mr. Harrison is still in his prime, and it is hoped has a long and distinguished career before him.

THE GREEK GIPSIES.

A number of Greek gipsies arrived a few days since at the terminus of the Cheshire lines railway, which from its situation is called the Central Station, *en route* for America. But when their condition was known to the managers of the steamer by which they were to have been conveyed, the latter refused to take them. They accordingly "squatted" upon one of the platforms of the station, to the imminent danger of creating, by their dirty habits, an epidemic among themselves, and of subsequently infecting all who had to use the station. Fortunately this peril was averted by the firmness and promptitude of the railway authorities, aided by the Greek consul, who succeeded in finding them accommodation at the Zoological Gardens, Walton—a not inappropriate residence for such very insanitary lodgers.

ENTERTAINMENT AT THE ROYAL INFIRMARY.

On the 16th inst. another of these very pleasing entertainments, which have been more frequent of late, was held at the Royal Infirmary. It consisted of the "Mikado," performed by the members of St. Peter's Cathedral Church choir, led by Miss Harrison, who presided at the piano. A large number of ladies and gentlemen were present, in addition to the patients and nurses, and all greatly appreciated the performance, which was frequently applauded. Considering the monotonous lives led by the patients, nurses, and other officials of the infirmary, these entertainments, which form a pleasing break in the daily round of duty, cannot be too highly commended, and are deserving of every encouragement.

Liverpool, July 21st.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE NEW FLOATING HOSPITAL FOR THE TYNE.

THE new floating hospital for the Tyne is now nearly complete. It is built from the designs of Mr. W. G. Laws, our city engineer, and it is expected to be launched on Bank Holiday, August the 2nd, when our port sanitary authority hope to be favoured with the presence of the President of the Local Government Board. The structure is unique of its kind, and is admirably adapted for the purposes for which it is intended. It is constructed on ten cylindrical iron pontoons with hemispherical ends. The buoyancy of each pontoon is 53½ tons, so that the floating power of the hospital is equal to 535 tons. The pontoons are 70 feet long and six in diameter, and resemble huge boilers. Upon each pontoon there are seven "saddles," which support a strong framework of iron consisting of longitudinal rolled girders. These girders are braced together by diagonal T iron, and upon them is carried a deck of creasoted timber, which supports a platform. Upon this deck or platform the superstructure of the hospital and its adjuncts are erected. The deck is partly occupied by three main buildings, six smaller structures, and a mortuary. The main buildings are each 65 feet long, 23½ feet wide, and about 20 feet high. These are each divided into two hospital wards, one of which will contain six and the other four beds. They are spacious, light, and airy apartments, having large windows and special means of ventilation. The interior is lined with polished pine in narrow strips. In each ward there is a central shaft through the roof, fitted in Mr. Kite's patent ventilator, for carrying off the vitiated air. Near the floors there is a series of ventilators for the admission of fresh air, and under the floor of each compartment an air space of about 10 inches. Between the surface of the river and the platform is a space of 4 feet. There will be a perfectly free current of air. The rise and fall of the tides, and the currents produced by the spaces between the pontoons, will prevent the possibility of any impurity existing beneath the hospital. Between the two wards of each hospital is an apartment for the nurses. These apartments are fitted with glazed doors on either side, so that the nurses can command a complete view of each ward. There are also entrances from the deck to the different wards. The main buildings are so arranged that they can be completely isolated. The platform is 140 ft. long and 80 ft. wide, and there is ample space in front of the buildings for the recreation of the convalescent patients. The space between the pontoons is 14½ feet from centre to centre. These curious-looking structures have attracted much attention from passengers on the river, and many speculations have been advanced as to the means of launching, but it is stated by those competent to judge that this can be safely and easily accomplished, and that only a gale of wind would prevent the success of the operation. When launched the hospital will be taken to the berth prepared for it at Jarrow.

POISONING CASES IN THE NORTH.

An inquest has been held at Swalwell, county of Durham, upon a child nine months old, who swallowed some flowers of a wayside plant. This unfortunately turned out to be monkshood, and the usual fatal symptoms of poisoning by aconite were observed.

A woman at Newbiggin-by-the-Sea attempted to commit suicide recently by steeping a quantity of matches in coffee and drinking it. The stomach-pump, however, was promptly used by Dr. Cunningham, and with success. I think if it were more generally known that this instrument was likely to be used in all cases of this nature, it would to some extent deter from these mad attempts at self-destruction now so common amongst weak-minded females in the north.

Newcastle-on-Tyne, July 12th.

BELFAST.

(From our own Correspondent.)

BELFAST MEDICAL STUDENTS' ASSOCIATION.

THE inaugural meeting of this Association was held in Queen's College, Belfast, last week, the Rev. President Porter, D.D., in the chair. The object of this Association is to promote the interests of the medical students as regards their professional training. The President of the College said it gave him extreme pleasure to have an opportunity of meeting a number of the medical students, and to find that they had instituted that Association. He was sure, looking at the objects they had before them, they would do a great deal of good, not merely to themselves individually as students, but to the College and the cause of medical education throughout the north of Ireland. He urged them to increase their efforts in order to keep up the *locus standi* of Queen's College; and, in conclusion, said he would do all in his power for the Association, in order to promote the welfare of the students; and he ventured to predict that it would have a wide and prosperous existence in the future. After Dr. O'Neill (President of the Association), Dr. Lindsay, Dr. Byers, and Dr. Esler had spoken, the meeting concluded with a vote of thanks to the President of the College for his kindness in taking the chair. This Association, which owes its origin in great part to the unceasing energy and enthusiasm of Dr. Henry O'Neill, will be of immense benefit to the medical students in the future, and the kindly interest taken in it by the President has done much to ensure its success.

ANNUAL MEETINGS OF THE MEDICAL SOCIETIES.

The annual meeting of the North of Ireland Branch of the British Medical Association was held in the Royal Hospital on Thursday, July 8th; the principal business being the election of office-bearers for the ensuing year. Mr. John Fagan was appointed president, and Dr. Moore secretary (in place of Dr. Dempsey, who has resigned). In the evening the members dined at the Royal Avenue Hotel, the President in the chair, when those present had a very agreeable reunion. On the previous day, at the annual meeting of the Ulster Medical Society, Dr. Whitla was elected president, Dr. Lindsay secretary, and Dr. Coates treasurer for the coming year.

THE ROYAL HOSPITAL.

The summer session came to a conclusion last week, and most of the students have now left town. During the past two months the surgeons have had a very busy and anxious time. Owing to the unfortunate riots in June, and again last week, a large number of serious gunshot wounds have been admitted to the wards; while, in connexion with the terrible railway accident near Portadown, a good many cases of severe injury were brought to the Royal Hospital. Among these there were cases of head and abdominal injury, affections of joints, simple and compound fractures, &c.

There has been a change in the resident staff owing to the resignation of Dr. S. Smith, house-physician. Dr. Calwell was appointed in his place, and Dr. Shuldham Dunlop has taken the post of house-surgeon—viz., Dr. Calwell. The students attending the hospital presented Dr. Smith with a handsome clock, barometer, and a set of bronzes.

DEATH OF DR. M'WHA.

I am sorry to have to announce the death of Dr. W. R. B. M'Wha. He had obtained an appointment as medical officer in connexion with a tea plantation in India, and had been there only a few days when the unfortunate event occurred. Little is as yet known of the circumstances, as a telegram received in Belfast simply stated that he was drowned while out shooting. Dr. M'Wha was most popular both at school and at College, and being a man of considerable ability and good professional training, his friends looked forward to his having a distinguished professional career. The deceased gentleman was a splendid athlete. As a football player he had few superiors in Belfast, as was shown when he played for Ireland against England, Scotland, and Wales. He was also a member of the Irish lacrosse team. Previously to receiving his appointment in India Dr. M'Wha was one of the resident surgeons in the Union Infirmary. Great sympathy is felt for his bereaved relatives.

THE BELFAST HOSPITAL FOR SKIN DISEASES.

The annual report presented at the last meeting of this institution shows that during the past year 1005 patients were treated at the hospital, thirty-one of whom were in-patients; and that there has been a steady increase in the number of patients since the foundation of the hospital in 1865. Since this date 19,318 cases of skin disease have been treated. The receipts from all sources during the year were £322 9*s.* 7*d.*, and the expenditure £316 19*s.* 4*d.*, leaving a small balance to the credit of the institution.

Belfast, July 19th.

PARIS.

(From our own Correspondent.)

PROTEST AGAINST VIVISECTION.

THE *Official Journal* has published the resolution of the Committee appointed by the Chamber of Deputies to report on a petition forwarded by Dr. Combet of Lyons, in which the petitioner states that experiments on living animals as a simple means of instruction is a cruel practice, and absolutely useless, in which opinion he is supported by several professors of the Faculty. He therefore demands that a law be passed to interdict in the faculties and schools of medicine the practice of vivisection and operations for study on living animals. The Commission believed that there might be too many operations of vivisection performed without any practical utility, and that therefore it would be better to put a stop to some of the abuses of unnecessary cruelty. The Commission, however, cannot admit, with the petitioner, that these experiments are altogether useless to the progress of science. Consequently the Commission is of opinion that the operations of vivisection should be restricted to cases determined only by the necessities of science.

THE TREATMENT OF NEPHRITIS.

It is admitted in practice that nephritis in patients suffering from scarlet fever is not always in relation to the gravity of the eruptive disease. Prof. Jaccoud, following the example of Dr. Musatti, who established the fact that milk diet, instituted at the commencement of the malady, is the best remedy to prevent renal complications, employed the same treatment with great success. According to certain authors, renal albuminuria resulting from scarlet fever is very prevalent in some epidemics, and the number of cases so affected has been known to mount up to 50 per cent.—that is, including both slight and grave cases; but Professor Jaccoud, since adopting this method, has never had a single case of renal albuminuria. According to him, the real prophylactic treatment of this complication consists in the administration of milk from the first day of the malady, without waiting for the appearance of albumen in the urine. Milk alone should be given, both as food and medicine—three litres per day if possible. Dr. Musatti condemns the use of the cold bath in scarlet fever, not only on account of the difficulties attending this mode of treatment, but also from the collapse and other complications that may be produced.

APPOINTMENTS.

The vacancy caused by the death of Dr. Legrand du Saulle at the Infirmary for the Insane at the Prefecture of Police has been filled by Dr. Paul Garnier, who had discharged the functions of first assistant at the infirmary.

Dr. Bouchard, Professor of General Pathology and Therapeutics at the Paris Faculty of Medicine, has been elected, almost unanimously, member of the Academy of Medicine in the section of Medical Pathology, having as competitors Drs. Damaschino and Dieulafoy.

ERRATUM.—In the last line of the Paris letter of last week, the word "death" should be *depth*.

Paris, July 20th.

THE FOREIGN HOSPITALS AT CONSTANTINOPLE.

(From a Correspondent.)

THE Constantinople correspondent of the *Journal des Débats* has been contributing a series of letters about the hospitals belonging to the different foreign Powers in that city. There are seven of them in all—viz., the Austro-Hungarian, the English, the French, the German, the Greek, the Italian, and the Russian; and a brief description of each, taken in alphabetical order, will be read with interest.

The Austro-Hungarian hospital, the only foreign one upon the southern side of Pera, has not a building of its own, but rents for about £380 a year a large three-storeyed house with a fine view of the Golden Horn and Stamboul. This hospital has forty-seven beds and five private rooms for female patients. The patients who can afford to pay are charged 3*s.* a day, and the expenses for the past year amounted to £1200, the difference between the amount received and the total cost being made up by a tax of 2½*d.* per ton paid by all Austro-Hungarian vessels which come to Constantinople, and in return for which the sailors are treated free of charge. The number of patients who passed through the hospital last year was 208 men and 29 women, the proportion of deaths being 43, or 5·48 per cent. Four attendants (three male and one female) are attached to the hospital; and there is a resident physician, with a salary of £160 per annum.

The English maritime hospital at Galata is a substantial building with two storeys, and though erected at the time of the Crimean war it looks as good as new. There is an indescribable air of comfort about it, and the bedding is exceptionally good, while there is an abundance of water in the building, with baths and washhouses upon the ground-floor, an apparatus for rescuing the patients in the event of fire upon the second storey, and two very ingenious contrivances for ensuring that the medicine has been given at the proper hour. The cost of maintenance and of the linen is borne by the Turkish Ministry of Public Works, while a charge of a penny per ton on the 2000 English vessels which enter the port every year more than covers the rest of the expenditure. There are only two private rooms in the hospital, the occupants of which pay 4*s.* a day, but all the other patients are treated gratuitously. The hospital contains sixty beds, distributed over six wards, and only male patients are admitted, the total for last year being 238, of whom only 6, or 3 per cent., died. The cost of each patient is estimated at 5*s.* a day, and the ordinary meals consist of tea and bread-and-butter in the morning and at 4 o'clock; soup and meat at noon, and again at 6 in the evening. There were 526 out-patients last year. Two doctors are attached to the hospital, one of whom is resident; while there are three trained nurses, one of whom learnt her business in a London hospital.

There are two French hospitals at Constantinople, though one of them, the municipal hospital, is so far Turkish that it is kept up by the municipality of Constantinople. It is, however, under the care of six French Sisters of Mercy, who, with very slender resources, manage to maintain forty beds. The total number of patients last year in this hospital, which is situated at Top-Hané, was 902, and the deaths amounted to 63, or rather more than 7 per cent., the high rate of mortality being attributed to the neglect of the Turkish authorities to keep the building in proper order or supply the necessaries for the patients. The Hôpital de la

Paix, situate at Chichli, in the suburbs of the city, is also under the care of Sisters of St. Vincent de Paul, and it dates from the time of the Crimean war, when the Sultan gave them a large piece of land and a sum of £2000, with which they founded a hospital, and also received a few insane persons. They have since been able to build a separate asylum for the insane. The hospital as it now is consists of a large building with two wings, and contains 44 male and 28 female patients of all nationalities; these being divided into four classes, who pay at the rate of £8, £6, £4½, and £3 (Turkish) per month. Annexed to this hospital is a pavilion with twenty beds for male and ten for female patients, and special wards for ophthalmic complaints, the occupants of which pay from 10*s.* to 2*s.* 6*d.* a day. There is also an orphanage and a crèche attached to this hospital, containing 130 children; and the Sisters of St. Vincent de Paul also have charge of the almshouses for the aged, which are placed under the protection of all the Catholic Powers, each of which in turn takes over the management of it for a twelvemonth. These almshouses were founded just half a century ago, and they consist of forty-two cottages, each with two rooms, and now accommodating fifty-five men and twenty-five women. The expenses for last year were £1400, and of this about half is defrayed by the rent of shops upon the ground floor of the houses which face the street. The remainder is made up by grants of charitable societies, and by contributions from a few of the inmates who can afford to pay something towards their maintenance.

The German hospital is the one which costs the least to the Government, as very few except paying patients are received there. The establishment of this hospital dates from 1844, when, at the funeral of a German subject who had died at Constantinople through having failed to secure medical relief, a collection was made for the construction of a small wooden hospital. A few years later a charitable association was founded by the Germans; but it was not until 1875 that the present hospital was built at Taxim, upon the heights of Pera, the money for its erection (about £18,000) being provided by the German Government. The situation of this hospital, which commands a view of the coast of Asia Minor, the Sea of Marmora, and part of Stamboul, of itself contributes, to use the expression of Dr. Mordtmann, one of the physicians attached to it, "to hasten the recovery of our patients." The hospital has four storeys and is surrounded by large gardens, while it has accommodation for a hundred patients in six wards and twenty separate rooms, the charge being from 3*s.* to 5*s.* a day. There is also a pavilion, built of wood, for the patients suffering from contagious diseases, and this was provided by Prince von Reuss, formerly German ambassador at Constantinople. Three doctors and three deaconesses are attached to the hospital, which last year received 620 patients of fifteen different nationalities, the deaths numbering 48, or about 8 per cent. The average daily cost of each patient was about 2*s.*

The Greek hospital at Balukli, outside Stamboul, is nearly a mile from the city, and though from a sanitary point of view its situation is good, the distance tells against it very much in certain cases. It is the largest of all the foreign hospitals, comprising four separate establishments—the hospital properly so called, the asylum for the insane, the orphanage, and the almshouses for the old and the infirm. Founded in 1837, the hospital has been gradually enlarged, and is now administered by a committee of twelve Greek merchants residing at Constantinople. A committee of five ladies has the management of the kitchens, still-rooms, and washhouses, and the hospital has accommodation for 350 patients, who occupy seven wards and six private rooms, in the latter of which the charge for treatment is about 4*s.* a day. There is a very good pharmacy, at which drugs are supplied to out-patients at cost price, and the staff consists of two resident physicians, two visiting physicians, seventy-two attendants, nurses, &c. In the course of last year the hospital received 2481 male and 238 female patients, this being exclusive of those treated in the lunatic asylum, the orphanage, and the almshouses; but the deaths numbered 442, or over 15 per cent. This high rate of mortality is attributed to the fact that a great number of the patients were suffering from fever and other malignant affections, and that the Greeks have such a prejudice against hospitals that they will not make use of them save at the last extremity. Although the Turkish Government allows the hospital 1 cwt. of meat and 1½ cwt. of bread per day, the expenses for the past year, including a sum of £2000 for paying off the building debt, amounted to over £14,000, but the different resources which the committee command enable them to meet this expenditure without much difficulty.

The Italian hospital, which dates from 1876, is situated upon the eminence of Top-Hané, overlooking the sea, and it is a two-storey building with a large garden, having more the appearance of a private villa than of a hospital, and cost about £12,000. It has upon the first floor a ward with ten beds for women and three private rooms; upon the second floor, a ward with twenty beds for men and five private rooms, in addition to a ward with twelve beds for persons suffering from syphilitic complaints. There is a lift for each floor, with waterclosets and dressing-rooms, while the building is well ventilated, and has an abundant supply of soft and salt water. The staff consists of two doctors, four attendants, and fourteen Sisters of the Immaculate Conception. About ten free consultations are given every day, and the other patients pay about 5*s.* if received in private rooms, and half that sum in the wards, foreigners being charged about a quarter more. The hospital received last year 309 male and 41 female patients, the number of deaths being 28, or about 8 per cent.; and the average daily cost per patient was rather more than 1*s.* 6*d.* The paying patients contributed about £400 to the total expenditure, the remainder being defrayed by the Italian Minister of Foreign Affairs.

The last of the seven foreign hospitals is that of Russia, the foundation of which is somewhat remarkable. An Armenian living at Constantinople, but a Russian subject, had supplied the Turkish armies with forage during the Crimean War, and had failed to obtain payment. General Ignatieff, when Russian ambassador at Constantinople, obtained payment for his claim upon condition that he subscribed a quarter of the amount received towards the building of a Russian hospital. This the Armenian, who as a Russian subject had no business to supply the enemy, readily agreed to, and the £8000 which he paid over to General Ignatieff went towards the erection of the large hospital with three floors, and a wooden pavilion for use in the summer, which Russian subjects can now avail themselves of at Constantinople. The hospital is a very wealthy one, for the late Czar made it a donation of 100,000 roubles, and one of the princesses of the Imperial family gave linen for forty beds. The hospital also receives a sum of 1*d.* per ton upon all Russian vessels coming to Constantinople, and the fees upon the issue of all passports. It contains five wards of from three to twelve beds, each patient paying at the rate of 4*s.* a day. It is very well fitted up, with double windows and baths upon each floor, but the temperature is rather too high. No persons suffering from contagious or mental diseases are received. The staff consists of a resident physician and six Sisters of Charity. In the course of last year the number of patients was 283, the deaths numbering 23, or 8·50 per cent.

Among the French hospitals might also have been included the establishment known as the Hôpital Gérémie, but it was at first more of a convalescent home than a hospital in the strict sense of the term, the money for endowing it having been bequeathed about thirteen years ago by M. Gérémie, who left special directions as to how the money was to be employed. Since then it has been converted into a general hospital, and is now open to paying patients of all creeds, having received last year 141 male and 71 female patients, the rate of mortality being 8 per cent. The hospital is situated upon the heights of Ainali-Tchesmé, and has five wards each with eight beds, and five private rooms, or thirty-two beds in all. The hospital is under the charge of the Lazarists of St. Benedict, and has a staff of four physicians, who give their services gratuitously. There is also the civil and maritime French hospital at Taxim, which, though admirably administered internally by the nineteen Sisters of St. Vincent de Paul and the twelve nurses attached to it, is in a very dilapidated condition outside, and is so short of funds that it has only one doctor for eighty-six beds. Still, the French have, upon the whole, more charitable establishments than any other nation at Constantinople, for there is a girls' school and a dispensary attached to the Taxim hospital, while the two homes of Our Lady of Providence and Tchehun-Boslon, both conducted by the Sisters of St. Vincent de Paul, relieved during the past year 1500 men and 1300 women of different nationalities.

(To be continued.)

Obituary.

JAMES ALEXANDER EAMES, M.D.

WITH considerable regret we record the death of a respected member of the profession, which took place on the 17th inst. Dr. Eames was the resident medical superintendent of the Cork District Lunatic Asylum. A few weeks since he was attacked with a cervical anthrax, and although from the first his illness was serious and painful, his medical advisers—Dr. Hobart, Dr. E. Townsend, and Deputy Inspector-General Eames—had a favourable opinion, and believed he would recover. On the morning of Friday, the 16th inst., however, he relapsed, and died the following day. Dr. Eames studied at the Meath Hospital, Dublin, and at the medical school of the Royal College of Surgeons, and acted as an assistant-surgeon in the Crimean war, for which he held a medal and clasp and the Turkish medal. He afterwards devoted his entire attention to the study of mental diseases, and after some time was appointed resident medical superintendent of Donegal Lunatic Asylum. On the death of Dr. Power, of the Cork Asylum, about thirteen years since, Dr. Eames, mainly through the influence of the Duke of Cambridge, whom he attended when wounded in the Crimea, was elected to the vacancy, and the chief improvements in that asylum are to be attributed to Dr. Eames, whose untimely decease will be a great loss to the institution. He was president of the Medico-Psychological Association, honorary member of the Société Médicale Mentale de Belgique, and lecturer on Psychological Medicine in Queen's College, Cork. The deceased was a Fellow of the Royal College of Surgeons in Ireland. Among his surgical contributions to medical literature may be mentioned the following: "Successful Removal of entire Penis and Scrotum;" "Case of Trephining, Recovery;" "Rare and Complicated Luxation of Ankle-joint without Fracture of either Malleolus." Dr. Eames's death will be regretted by a large circle of friends.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on July 19th:

Bewley, Thomas Theodore, M.B. Trin. Coll. Dub., Booterstown.
Brazil, Walter Henry, L.S.A., Bolton.
Drinkwater, Charles, L.S.A., Mildmay-park.
Finley, Frederick Gault, M.D. McGill, Montreal.
Fraser, Nutting Stewart, M.B. Edin., St. John's, Newfoundland.
Gregory, Alfred John, L.S.A., St. John's.
Kennard, Charles Poole, M.B. Edin., Highworth.
Morris, Edward, L.S.A., West Kensington-park.
O'Connor, Charles Patrick, M.B. Durh., March.
Rawnsley, Gerald Thomas, L.S.A., Russell-square.
Smith, John William, M.B. Edin., Lancaster.
Sugden, Edward Scott, M.B. Durh., Battersea-park-road.
Vost, William, M.B. Glasg., Glasgow.

Admitted on the 20th inst.:—

Coad, John Edwin, M.B. Durh., York.
Dawson, Rankine, M.D. McGill, St. George's Club.
Edwards, Percy, L.S.A., Grafton-street West.
Fenton, Charles Francis, L.R.C.P. Lond., Romford.
Hackett, Harry Eugene, L.R.C.P. Lond., Manchester.
Jardine, Robert, M.B. Edin., New Brunswick.
Jones, Thomas Joseph, M.B. Edin., Ross, Herefordshire.
Lister, Joseph Jackson, L.S.A., Leytonstone.
Marquis, Duncan, M.B. Glasg., Marchmont-street.
Ruddock, William James, M.B. Durh., Newcastle-on-Tyne.
Sutherland, George Alexander, M.B. Edin., Aberdeen.
Taylor, Lot Albert, Birmingham.
White, Francis Silva, L.S.A., Lexham-gardens.

Admitted on the 20th inst.:—

Brice, Frederick Augustus, L.S.A., Paignton.
Deane, Edward, L.R.C.P. Lond., Trinity-square.
Duke, Allan Forrester, Folkestone.
Elliott, William Henry Wilson, L.S.A., Chislehurst.
Gault, Arthur Henry, L.R.C.P. Lond., Stockport.
Grayfoot, Blenmar Bubôt, L.R.C.P. Edin., Barbadoes.
Hentsch, George Frederick, L.R.C.P. Lond., Bedford-row.
Holt, Maurice Percy, L.S.A., Putney.
Lindow, Albert, L.S.A., Wolverton.
Manning, Philip Percy, M.B. Durh., Hammersmith.
Penton, R. Hugh, L.R.C.P. Lond., King's County, co. Dublin.
Pocock, Herbert Innes, L.R.C.P. Lond., Bristol.
Vincent, John Francis, L.R.C.P. Lond., Melbourne.

The library and museum will be closed on Tuesday and Wednesday, the 27th and 28th inst., for the purposes of the First Examination of the Examining Board in England.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on the 15th inst.:—

Brice, Frederick Augustus, Croft Lodge, Paignton, S. Devon.
Compton, William H., Brighton-road, Avenue, Southampton.
Hicks, Edward Harman, Connaught-road, Folkestone.
Holt, Maurice Percy Cue, Upper Parkfield, Putney.
Jones, John Owen, Malvera House, Dolgelly.
Jones, Sydney Harold, George-street, Hanover-square.
Lindow, Albert, Woberton, Bucks.
Payne, W. Arthur, M.R.C.S., Pentre, Uchaf, Oswestry.
Solly, Ernest, Heathfield, Congleton.

THE Library of the Royal Medical and Chirurgical Society will be closed during the month of August.

SIR A. R. THOMPSON, Lieut.-Governor of Bengal, laid the foundation-stone of the Ezra Hospital at Calcutta this week.

THE Drapers' Company have voted 100 guineas towards the building fund of the Tottenham Hospital. This is the second donation given by the company.

ON the 15th inst., the corner stone of a new ward at the Rotherham Hospital was laid with full Masonic honours. The cost of the extension is estimated at £1000.

THE annual meeting of the supporters of the Ardwick and Ancoats Hospital and Dispensary was held on the 21st. inst, when a fairly satisfactory financial report was presented.

AT Ludlow on the 20th inst., Mr. John ADLEY, a former mayor of that place, was in his garden attending to his bees, when they swarmed upon him, stinging him so severely that he died before medical assistance arrived.

THE Liebig Monument Fund amounts to 25,000 dollars, and the monument will be erected in Ziessed, a small Hessian University town where Liebig first won fame as a lecturer on chemistry.

PROPOSED HYGIENIC INSTITUTE IN VIENNA.—It had been proposed to build a large Hygienic Institute in Vienna, but, unfortunately, the means are not forthcoming at present, so the project is necessarily in abeyance.

DR. MAX BRUBERGER.—The death is announced in Berlin of Staff Surgeon Dr. Max Bruberger, who has been for many years one of the editors of the German military medical journal.

A SUPERANNUATION allowance of £120 has been awarded to Mr. Beardshaw, the retiring medical officer for the No. 2 district of the Leeds Union.

HOSPITAL SUNDAY.—The Lord Mayor has received, at the request of the Prince of Wales, through Sir P. Cunliffe-Owen, a cheque for £100 for the Hospital Sunday Fund, being the amount received up to the present time in Dr. James Aveling's "Mechanical Begging Boxes" at the Colonial and Indian Exhibition.

GREAT NORTHERN CENTRAL HOSPITAL.—At the half-yearly meeting of the general council of this institution on the 15th inst., it was stated that a contract for building the new hospital in the Holloway-road, amounting to £40,300, had been accepted, and as the need of the new buildings was very pressing the work would be commenced at once. Not one-fourth of the sum required has as yet been subscribed.

ANNUAL INSPECTION OF THE VOLUNTEER MEDICAL STAFF CORPS.—On Saturday, July 17th, the principal medical officer of the Home District, Sir James Hanbury, K.C.B., held his annual inspection of this corps. He was accompanied by Surgeon H. R. O. Cross, Grenadier Guards. The members of the corps mustered to the number of 296. In their full dress kit they looked imposing. Since last year the physique of the men seems to have improved considerably. Sir James made a most minute inspection of the corps, and had each company paraded before him, and every officer had to come out in front of his company and drill the men. The following manœuvres were gone through:—Wheeling into line, open order for inspection, marching past in column, formation of a bearer company, rendering first aid in the field, waggon loading, &c. The inspecting officer finally congratulated the commandant, officers, and men on their smart appearance and on the way in which they had gone through the severe test to which he had submitted them.

PRESENTATIONS.—J. Oswald Lane, M.D. Cantab. &c., has been presented with a clock, pencil case, &c. by the pupils and nurses of the Northampton Infirmary on his resigning the post of house-surgeon to that institution, which he has held more than four years.——On the 12th inst. a number of members of the late Ambulance Class held in connexion with the 2nd Volunteer Battalion (the Queen's Own), Royal West Kent Regiment, conducted by Surgeon-Major Purvis, presented him with a walking-stick bearing the regimental crest and motto and a suitable inscription.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BINDLOSS, EDMUND FREDERICK, M.R.C.S., L.R.C.P.Lond., has been appointed Medical Officer to the Deptford West District, vice C. H. Leftwich, resigned.

BREMNER, JAMES, M.B., C.M.Aber., has been appointed Medical Officer to the Parish of Resolis, Ross-shire.

BRITTON, THOMAS, M.D., M.R.C.S., L.S.A., B.Sc. Cert. Camb., has been appointed Honorary Consulting-Physician to the Halifax Infirmary, on his resignation as Honorary Physician and Honorary Medical Officer to the Harrogate Bath Hospital, vice Somerville, deceased.

BURTON, S. HERBERT, M.B.Lond., M.R.C.S., has been appointed Medical Officer of Health for the Henstead Rural Sanitary District, Norfolk, vice Pitt, whose appointment has expired.

CROWTHER, GEORGE DOBSON, L.R.C.P., L.R.C.S Ed., L.S.A., has been appointed Honorary Medical Officer to the Halifax Infirmary.

EASON, A. M., L.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Lytham Urban Sanitary District, and for the Preston Port Sanitary District, vice Fisher, resigned.

GOUGH, J. HARLEY, M.R.C.S., L.R.C.P.Lond., has been appointed House-Surgeon to the Wolverhampton and South Staffordshire General Hospital, vice Batterham, resigned.

MACKELLAR, ALEX. O., M.D., M.Ch. Q.U.I., F.R.C.S., has been appointed Surgeon to St. Thomas's Hospital, vice Mason, deceased.

PARKER, G. ROGER, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer of Health for the Lancaster Rural Sanitary District, vice Harker, resigned.

RAKE, HERBERT V., M.R.C.S., L.S.A., has been appointed Medical Officer of Health for the Fordingbridge Rural Sanitary District.

SANTI, P. R. W., M.R.C.S., L.R.C.P., has been appointed Resident Assistant to the Wolverhampton and Staffordshire General Hospital.

STEPHENSON, SYDNEY H. A., M.B.Edin., has been appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital, King William-street, W.C.

THOMAS, W. J., M.B., C.M.Edin., has been appointed Senior House-Surgeon to the Halifax Infirmary, vice G. D. Crowther, appointed Honorary Medical Officer.

TRUMAN, C. E., M.A.Cantab., M.R.C.S., L.D.S., has been appointed Dental Surgeon to St. Thomas's Hospital, vice Ranger, resigned.

Births, Marriages, and Deaths.

BIRTHS.

COOKE.—On the 10th inst., at Warrior-square, St. Leonards-on-Sea, the wife of John Cooke, M.B Lond., of a daughter.

DUKE.—On the 14th inst., at 16, Pevensey-road, St. Leonards, the wife of Edgar Duke, M.R.C.S., of a daughter.

HORNE.—On the 14th inst., at Victoria-terrace, Stockton-on-Tees, the wife of Thomas Horne, L.R.C.P.Ed., L.R.C.S.Ed., L.M., of a son.

NORTON.—On the 15th inst., at Upper Gloucester-place, the wife of G. Everitt Norton, M.R.C.S., of a daughter.

PATERSON.—On the 19th inst., at 13, Cheyne-gdns, Chelsea, the wife of A. Gordon Paterson, M.B., C.M., of a son.

THOMPSON.—On the 15th inst., at Cavendish-square, the wife of E. Symes Thompson, M.D., F.R.C.P., of a daughter.

MARRIAGE.

DAVIS—CANDLER.—On the 14th inst., at the Wesleyan Church, Brixton-hill, Charles Daniel Davis, M.R.C.S., L.D.S.Eng., to Nellie, daughter of George Candler, of Newlands, Brixton.

DEATHS.

GWYNNE.—On the 16th inst., at Holloway, Ruby Imogen Ethelwyn, only child of John Hickling Gwynne, aged 10 months.

JAMESON.—On the 6th inst., at Lympstone House, Lympstone, Devonshire, Thomas Ross Jameson, M.D., Inspector General of Hospitals.

NASH.—On the 15th inst., at Royston, Cambs., Frederic Nash, M.R.C.S., of Todmorden, in his 50th year.

RANSFORD.—On the 11th inst., at St. Cross Hospital, Winchester, Chas. Ransford, M.D.Edin., F.R.C P., L.R.C.S., aged 78.

N.B.—A fee of 1s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, July 22nd, 1886.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
July 16	29·75	W.	62	58	114	73	53	·02	Cloudy
,, 17	30·04	S.W.	64	60	84	69	57	...	Cloudy
,, 18	29·88	E.	67	62	120	81	58	·23	Hazy
,, 19	29·79	W.	67	64	112	72	61	...	Overcast
,, 20	30·05	W.	65	61	121	77	56	·28	Cloudy
,, 21	29·89	S.E.	73	68	124	85	61	...	Hazy
,, 22	29·84	W.	69	63	111	73	62	...	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

THE DICTIONARY OF PRACTICAL SURGERY.

Mr. Paul Swain writes to enter a demurrer against our criticism of his assertion that "the application of nitrate of silver to the prostatic urethra is of service in the treatment of that most pernicious habit." Mr. Swain desires to point out that the application in question was suggested as a cure for one of the frequent results of masturbation—viz., nocturnal emissions, and that if he is wrong he has erred in good company, as Messrs. Brichsen, Bryant, and Humphry have, in their writings, advocated the same procedure.

Enquirer.—The Education Department has decided that whenever a certificate is required in explanation of the absence of a child from school, the cost of the certificate is to be defrayed by the School Board.

PERIODICAL BILIOUS ATTACKS.

To the Editor of THE LANCET.

SIR,—I have a lady patient, aged thirty, who has for some years been suffering from severe bilious attacks, each attack coming on regularly at intervals of three or four weeks, and with the same premonitory symptoms—viz., feeling of lassitude, nausea, severe headache, dizziness, muscæ volitantes, followed by copious vomiting of bilious matter. A day or two afterwards she seems quite herself again. She was treated with mineral acids, mercury, podophyllin, &c., but with negative results. Can this be due to stricture of the duct, the result of inflammatory thickening of the mucous membrane? I should esteem it a great kindness if any of your many readers could suggest a remedy whereby the patient might be relieved of these attacks.

I am, Sir, yours faithfully,

Ipswich, July 21st, 1886. L.R.C.P.

A NEW SOLVENT OF URINARY CALCULI.

AT a recent meeting of the French Therapeutical Society a specimen of pichü, or piché, was shown by M. Limousin. In its native country (Chili) it was believed to disintegrate urinary calculi. M. Limousin expressed the belief that piché acted especially on the mucin, which held together the different elements of calculi and dissolved it, and lessened vesical catarrh, a belief which, in consequence of the resin it contained, was shared and confirmed by M. Dujardin-Beaumetz. A fluid extract has been prepared, of which four dessertspoonfuls represent thirty grammes of the plant, the dose generally administered in twenty-four hours.

Mr. R. Hingston Fox.—Very soon.

GUNTHORPE NATURAL MERINO HOSIERY.

IN our notice of this clothing material last week, the address of the manufacturers was given imperfectly. It should have been Messrs. Rogers, Black, and Co., Stoney-street, Nottingham, and 21, Aldermanbury, London, E.C.

Physician.—We wished for a complete and clear statement of all the facts and dates.

Dr. Althaus.—Very shortly.

AMERICAN MEDICAL SCHOOLS.

To the Editor of THE LANCET.

SIR,—It is by no means uninteresting to a medical man "abroad" to observe his own country and its institutions through the eyes of foreign authorities. And while we must confess to much that was questionable in the past, it appears at present that the case of medical education in the United States is hardly put with fulness—if, indeed, with fairness. As the effete doctrines of the early Church yet serve as the sceptic's best weapons, so now do the allegations which I here rehearse rise against the "American system." We are charged with "inadequate preparation," opening the schools to crude and undisciplined minds; with a "too short and narrow curriculum," giving insufficient and unbalanced foundation for so serious and important a superstructure; with "poverty of clinical advantages," committing students to an unpractical, and therefore untrue, view of their future duties; with "the full degree conferred by any of the too numerous colleges after such a course." Truly a sad catalogue of errors, if applicable now and generally to the institutions of any country. But a knowledge of all the circumstances will ensure material alteration in the scope of these charges, and a much closer approximation to the truth. Though I write without statistics at hand, and only from a general acquaintance with the facts acquired by long professional observation, I venture to state that more than half the American graduates have for many years gone out from the three great medical centres, New York, Philadelphia, and Boston, whither have gravitated for the same period the greater lights of the profession as practitioners, teachers, &c. These men, many of them of humble birth, self-taught, having elevated themselves to a great and noble success, do not forget their own origins, and are slow to place impediments in the way of those who have the same aspirations, the same difficult ascent to make. Hence, the moderate requirements of the preliminary examination to be followed in these schools by instruction not easily surpassed in breadth and accuracy, I am bold to say, whether it be didactic or clinical. Here hospitals are numerous and abounding in every variety of material. At Yale and the Cincinnati, Chicago, Michigan, St. Louis, and New Orleans schools the same is true, excepting the restrictions arising from moderate hospital accommodation, which will always vary with population. Here at least a third of the whole number of annual graduates receive their diplomas, and in most of these schools the final or "pass" examination covers the entire field of study, determining the solid acquirements of the student, rather than what he may have "crammed" during the weeks previous. In some cases the "State Medical Society" exercises a wholesome supervision, its delegates taking active part in the oral tests applied to scholarship. Post-graduate courses are often open to the more ambitious student, and to such practitioners of long-standing as may desire henceforth to restrict their work to special lines. To "graduate into a specialty" is not with us *en règle*. It is the "mushroom school" which gives rise to offences as rank in the nostrils of American as in those of foreign physicians. These spring up in the growing towns of the vast West, partly the offspring of local ambitions and rivalries, partly from a local demand for a not too costly medical instruction, made by the pupils and assistants of neighbouring practitioners, or by youths who labour two-thirds of the year to earn the means of defraying the cost of a winter's tutelage in medicine. Few of these ever graduate, and if they do few fail to seek their diplomas at a more legitimate fountain-head. The schools themselves meet with early graves, though their example and warning are not long heeded. It is true that all who graduate from these State-chartered schools receive the degree of M.D. and are styled "doctors," but in no country in the world does a man so soon find his proper level, whatever his profession or diplomas. It is the absence of social caste, the subordination of influence to real merit, the general indifference to titles, the knowledge that, after all, success must be fought for, which make the American physician so oblivious of the initialed distinctions that obtain in England and elsewhere.

After all is said, in these days, when science is of common birth and acknowledges no single foster-mother, we may safely claim to be known by our fruits, and one may proudly point to the just and able criticisms of your own columns upon works of American origin for highest testimony to the value and volume of American professional attainment and culture. I am, Sir, yours faithfully,

Ilford, Essex. H. W. JONES, M.A., M.D. (U.S.A.)

"SYPHILITIC PHARYNGITIS."

To the Editor of THE LANCET.

SIR,—Your correspondent, "Med. Doc.," writes requesting suggestions for a special chronic syphilitic case in which all the usual remedies have failed. I would suggest the trial of succus alterans (McDade), prepared by Lilley and Co. There is much medical testimony in its favour, and the formula is given with the medicine. It would be interesting to report the result in THE LANCET.—I am, Sir, yours faithfully,

July 20th, 1886. H. G. S.

A SIGN OF DEATH.

AT a recent meeting of the Société Médicale d'Amiens, M. Lessenne mentioned the following as a simple and trustworthy sign of death. After pricking the skin with a needle the puncture remains open, just as when a piece of leather is pricked. On the living body, on the contrary, even if the blood does not come to the surface, as would happen if the person were hysterical, the pin-prick closes at once, and does not leave the slightest trace.

A General Practitioner.—The charges are reasonable, and, if the patient is so too, our correspondent should have no trouble.

OUR POLICE DRESS.

To the Editor of THE LANCET.

SIR,—I am glad you have called the attention of the public to the urgent necessity of providing a summer garment for our police. I am happy in reporting that in this county our defenders of life and property are enjoying the luxury of freedom from a Siberian costume which weakens the body and impedes respiration. For many years I have advocated this sanitary improvement, which has received the approval of medical authorities; and I am at a loss to understand why all the counties in England should not participate in the same privilege which has been conferred on the county of Somerset. I suppose the tyranny of routine blocks the way to reform. Rural "letter-carriers" equally deserve our sympathy, and they ought to be supplied with some "relief dress" when the thermometer stands, as it does this day, at 100° in the sun. Poor fellows! No wonder the farmers occasionally volunteer a drink of cider for these thirsty souls as they travel life's dusty journey; and if the draught could be supplemented with a trifle of bread and cheese it would be all the better for the "postal stomach." These sons of toil not only carry heavy bags of letters and newspapers, but are handicapped with parcel-post consignments, weighing from 10 lb. to 11 lb. of fish, flesh, and fowl. I know a rural post-carrier who walks, heavily laden, eighteen miles a day. At one time he was a well-to-do shoemaker, but boot and shoe machinery and competition took the bread out of his mouth. The dignity of labour is well illustrated in the daily life of this worthy disciple of St. Crispin. I wish he could look forward in his old age to a retiring pension. Hoping that this appeal will reach the authorities in Scotland Yard and the General Post Office,

I am, Sir, yours faithfully,

ARTHUR KINGLAKE,
Justice of the Peace for Somerset.

Haines Hill, Taunton, July 20th, 1886.

HYDATID DISEASE IN VICTORIA.

HYDATID DISEASE has so rapidly increased in Victoria that the Central Board of Health have issued a circular to all local boards pointing out the danger of drinking open natural waters to which dogs and other animals have access unless the water be first well boiled. The number of deaths from hydatid disease in Victoria during 1884 was fifty-nine.

"CIRCUMCISION UNDER THE INFLUENCE OF COCAINE."

To the Editor of THE LANCET.

SIR,—With reference to the interesting case of circumcision reported in your last issue as having been performed under the influence of cocaine by Dr. Atkinson, I beg to send you short notes from my case-book of two cases I operated upon last year with similar success.

CASE 1.—Jan. 13th, 1885. H. G——, aged nine. Sixteen minutes after injecting into the prepuce five minims of a 2 per cent. solution of cocaine in two places, and after smearing the prepuce all over twice with the solution, the operation was completed without the little patient suffering any pain.

CASE 2.—Feb. 12th, 1885. A. C——, aged four. The same steps were followed in this case, and an equal absence of pain during the operation was noted.

I have also performed the operation of removing a piece of skin from the lower lid for entropion with success, under the influence of cocaine, in an old woman aged sixty-seven. The same amount was injected as in the cases of circumcision, and the operation performed without causing any pain twenty minutes after the first injection.

It is well that such cases as the above should be from time to time reported in your valuable journal, as I feel convinced that the use of cocaine by the general practitioner is not so extended as is warranted by its well-authenticated anæsthetic properties.

I am, Sir, your obedient servant,

WM. THOS. JACKMAN, M.R.C.S., &c.

Coggeshall, Essex, July 17th, 1886.

PRINCIPALS AND ASSISTANTS.

L.R.C.P. & S. complains of the way in which he, as an assistant, was treated by his principal with regard to the mode of dismissal—viz., with only one week's notice. "L.R.C.P. & S." suggests that assistants upon engagement should make certain that a month's notice will be allowed before their services are dispensed with.

W. H. Munro, M.A., M.D. &c.—The gentleman referred to has no legal right to use the title mentioned on the strength of the qualifications named. But we hesitate to advise our correspondent to commence litigation. Law for almost anything is a doubtful remedy; for the use of false and misleading titles it is especially so.

ERRATA.—The latter clause of the last sentence but one in Dr. Morison's letter published last week, page 147, should read thus: "*In* others, anxious and quite possibly able to act efficiently, the tradition of his class, being unable to cope with difficult cases, withholds that public confidence," &c.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Poore, London; Dr. Steavenson, London; Dr. Aveling, London; Mr. E. D. Bower, Gloucester; Dr. McK. Johnston, Edinburgh; Mr. Vickers, London; Mr. Craig, Llandudno; Dr. Strain, Mexico; Messrs. Griffin and Co., London; Dr. J. H. M. Martin, Blackburn; Mr. Allen, Bury St. Edmunds; Mr. Cookson, Eastbourne; Dr. Ward, Leeds; Dr. Alder Smith, London; Mr. A. Kinglake, Taunton; Mr. R. Parker, Liverpool; Dr. Haig-Brown, Godalming; Mr. C. F. Bryan, Leicester; Dr. Seaton, Sunbury; Major Colwell, Portsmouth; Messrs. Bates, Hendy, and Co., London; Dr. Bond, Gloucester; Messrs. Walker and Co., Egham; Mr. Fuge, Taunton; Mr. Logan, Carlisle; Mr. Baron, Manchester; Mr. Normandy, London; Dr. Hime, Bradford; Mr. E. Ward, Leeds; Mr. Juler, London; Dr. Ward, Stevengate; Dr. Fenton Jones, London; Dr. J. B. Hamilton, Lucknow; Dr. Anderson, Culter Cullen; Dr. Roundtree, Colombo; Dr. Quinlan, Dublin; Mr. Praeger, Victoria; Mr. P. Swain, Plymouth; Dr. Fenwick, London; Mr. H. Power, London; Mr. T. E. Marston, Welshpool; Dr. R. T. Cooper, London; Mr. Leiching, Stroud; Mr. Jefferson, Ripon; Dr. Arthur Harries, London; Mr. A. W. Clark, Wisbech; Mr. A. T. Sibbald, Richmond; Dr. W. Ewart, London; Messrs. Putnam's Sons, New York; Dr. Cook, London; Dr. Skerrett, Bristol; Messrs. Allen and Hanburys, London; Dr. Croke, Hull; Dr. Campbell; Mr. Hopkinson, Notts; Mr. Gibson, Aberystwith; Mr. R. Owen, London; Dr. Hayem, Paris; Mr. Lankester; Mr. Wilson, London; Mr. Lewis; Mr. Scarr, Brighton; Dr. Symes, Halifax; Mr. Solomon, York; Dr. Adam, West Malling; Mr. Robinson, Sheffield; Dr. James, Winslow; Mr. Birchall, Liverpool; Dr. A. Morison, Highbury; Mr. G. R. Jesse; Durham; A General Practitioner; An Experienced Patient; R. H.; R. R., Rugby; Matron, Canterbury; J. C. C., Liverpool; M. E. L., Saxmundham; L.R.C.P. & S.; F. R. S.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Galey, Tipperary; Mr. Hopkinson, Nottingham; Messrs. Black, Edinburgh; Dr. Ledlard, Carlisle; Mr. Fox, Bristol; Mr. Mackay, Esk; Mr. D. Foote, Rotherham; Dr. McCormac, Huddersfield; Messrs. Easun and Sons, Dublin; Mr. Ramsden, Halifax; Mr. Nutall, Bury; Dr. Jones, Treherbert; Dr. Dobrashan, Pera; Mr. Crosier, Lytham; Messrs. Green and Son, Beverley; Mr. Heywood, Ashton-under-Lyne; Mr. Pode, Ivy Bridge; Mr. Laskay, Hambrook; Mr. Morgan, Treherbert; Mr. Duke, St. Leonards; Mr. Winchworth; Mrs. Spencer, Sheffield; Mr. White, Wolverhampton; Mr. Gwynne, Bermondsey; Mr. Pritchard, Eastbourne; Mr. Wigglesworth; H. Sigeon, Bournemouth; Omega; E.; Beta; Surgeon; Medicus, Brixham; Box, Uttoxeter; Medicus, London; W. T., Loftus; Student, Glasgow; Zeta; C. D. M.; C. B., Whitechapel; Medicus, Aberdeen; T. H., Manchester; M. W., Tottenham; H. B., Mitcham; Surgeon, London; B.A.; Medicus; Cato, Blackpool; H. S.; C., Hoxton; Veritas, Leeds; J. R.; J. P., Camberwell.

North Star, Cape Argus, Egyptian Gazette, Kentish Mercury, Cork Daily Herald, Venice News, The Bat, International Record of Charities and Correction, Fifty Years' Progress (Special Number of "Imperial Federation") &c., have been received.

Medical Diary for the ensuing Week.

Monday, July 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

Tuesday, July 27.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Wednesday, July 28.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; and on Friday, 2 P.M.; and Saturday, 1 P.M.

Thursday, July 29.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Friday, July 30.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 31.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

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ADVERTISING.

Books and Publications (seven lines and under)...	£0 5 0
Official and General Announcements	0 5 0
Trade and Miscellaneous Advertisements	0 4 6
Every additional Line	0 0 6
Front Page... ... ... per Line	0 1 0
Quarter Page	1 10 0
Half a Page	2 15 0
An entire Page	5 5 0

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on page 2, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom and all other Advertising Agents.

Agent for the Advertising Department in France—J. ASTIER, 66, Rue Caumartin, Paris.